

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005
Filing Period: January 1 - March 1 • Filing Fee: \$50.00	

(FORM MUST BE TYPED OR PI	RINTED IN BLACK)	•			
1. Corporate ID No	Corporate ID No. 2. Name of Corporation				
133243	Mabuhay Ma	nagement Corporation			
3. Street Address Principal Busine 10 GFRF 18	rs Office		NEW JOR T	State	zip OVSVO
4. Business Phone No (411) 849 -	1 1 4	5. State of Incorporation RHODE ISLANI		•	6. SIC Code
7. Brief Description of the Charac TO MANAGE RETAIL	ter of Business Conducted	in Rhode Island RES AND INVESTMENT	•		
8. NAMES AND ADDRESS				SPACES BEFORE USIN	G ATTACHMENTS
President Name			Vice President Name		
IMELOA A. 1	BEBE			······································	
Sirrei Address	State		Street Address		
City	State	Zip	Ciry	State	Zip
THERETON	I RE	02878			
TREDISUINO O. BEBE TR.		Treasurer Name			
Street Address	o. Betse T	<u> </u>	Sircet Address		
163 Kusser	PRIVE		163 fusser	PRIVE	. <u></u>
Gity:	State	7.tp 02878	TIVERTIN	State A.5	Zip Dreage
9. NAMES AND ADDRESS	SES OF THE DIRECT			SPACES BEFORE US	ING ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
			Jacco Addaress		
City	State	Zip	City:	State	Zip
Director Name			Diagram Manua		
INITED NAME		Director Name			
Street Address		Street Address	Sirrel Address		
Clty	State	Zip	City	State	Ζιρ
	James	2.97	City	Siture	1.5.41
10. SHARES AUTHORIZE	D ("X" BOX FOR A	TTACHMENT) 🗌	11. SHARES ISSUED ("X" BOX FOR ATTAC	HMENT)
AUTHORIZED SHARES		ISSUED SITARES			
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Scrics	Par Value
1,000 NO PAR VALUE			0		
This report must be	no signed in interne	ither the Descident View	President, Secretary, Assista		Passives of Tourist
rms report must c	be signed in link by t	ittlet the Freshein, vice	e Fresident, Secretary, Assista	int Secretary, Treasure.	i, Receiver or Hustee
l i		 			;
H					that I have examined this report
			contained herein are		tatements, and that all statements
File Date		α	/	2-07-08	
		Signature of Officer	Signature of Officer Date		
Check No.		IMEROA.	IMERON & PRETSE		
By:		Print or Type Name of Officer			
FOR SECRETARY OF STATE USE ONLY		PRESID	ENT	<u> </u>	
<u></u>		Title of Officer			



City

AUTHORIZED SHARES

1,000 NO PAR VALUE

Number of Shares

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Zip

Par Value

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Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004
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Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Name of Corporation 1. Corporate ID No 133243 **Mabuhay Management Corporation** 5. State of Incorporation RHODE ISLAND Brief Description of the Character of Business Conducted in Rhode Island TO MANAGE RETAIL CONVENIENCE STORES AND INVESTMENT PROPERTIES ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name MELOA Street Address Street Address Zip City State Treasurer Name Street Address City State Ζф 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE Street Address Street Address City State Zip State Zφ Director Name Director Name BUS Street Address Street Address

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUED SHARES

Number of Shares

MONE

File Date	3.0.04
Check No.	$\frac{100}{\text{VD}}$
Ву:	FOR SECRETARY OF STATE USE ONLY

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class/Series

Under penalty of perjury, I declare and affirm the including any accompanying schedules and state contained herein are true and correct.	
	2.26-07
Signature of Officer	Date
IMELDA A. DETSE	
Print or Type Name of Officer	
MRIDENT	
Title of Officer	Form 630 Rev. 12/03

State

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)