



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 133243		2. Name of Corporation Mabuhay Management Corporation		
3. Street Address Principal Business Office 10 GARFIELD ST.		City NEWPORT	State RI	Zip 02840
4. Business Phone No (401) 849-1416		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANAGE RETAIL CONVENIENCE STORES AND INVESTMENT PROPERTIES				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name IMELDA A. BEBE		Vice President Name		
Street Address 163 RUSSELL DRIVE		Street Address		
City TIVERTON	State RI	Zip 02878	City	State
Secretary Name FREDISVINDO O. BEBE JR.		Treasurer Name FREDISVINDO O. BEBE JR.		
Street Address 163 RUSSELL DRIVE		Street Address 163 RUSSELL DRIVE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 NO PAR VALUE			0	

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



File Date **6-1-05**
Check No. **308**
By: **DWT**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **IMELDA A. BEBE** Date **2-07-05**
Print or Type Name of Officer
Title of Officer **PRESIDENT**



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

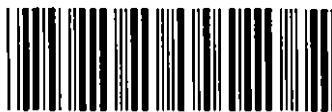
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3. Street Address Principal Business Office 10 GARFIELD ST.		City NEWPORT	State RI	Zip 02840	
4. Business Phone No. (401) 849-1416		5. State of Incorporation RHODE ISLAND		6. SIC Code 7245	
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANAGE RETAIL CONVENIENCE STORES AND INVESTMENT PROPERTIES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name IMELOA A. BEBE			Vice President Name		
Street Address 10 GARFIELD ST.			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name FREDSVINDO O. BEBE JR.			Treasurer Name		
Street Address 10 GARFIELD ST.			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			NONE		

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



File Date 3-2-04
Check No. 110
By: KCP
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

IMELOA A. BEBE

Print or Type Name of Officer

Title of Officer

PRESIDENT