



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  
401.222.3010

# 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. 121357		2. Name of Corporation MAYA GUATEMALA, INC.			
3. Street Address Principal Business Office 264 Pocasset Ave			City Providence,	State RI	Zip 02909
4. Business Phone No 401-464-6292		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A RESTAURANT AND BAR					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Cesar H. Morales			Vice President Name Cesar H. Morales		
Street Address 125 Hanover Street			Street Address 125 Hanover Street		
City Providence,	State RI	Zip 02907	City Providence,	State RI	Zip 02907
Secretary Name Cesar H. Morales			Treasurer Name Cesar H. Morales		
Street Address 125 Hanover Street			Street Address 125 Hanover Street		
City Providence,	State RI	Zip 02907	City Providence,	State RI	Zip 02907
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Cesar H. Morales			Director Name Cesar H. Morales		
Street Address 125 Hanover Street			Street Address 125 Hanover Street		
City Providence,	State RI	Zip 02907	City Providence,	State RI	Zip 02907
Director Name Cesar H. Morales			Director Name Cesar H. Morales		
Street Address 125 Hanover Street			Street Address 125 Hanover Street		
City Providence,	State RI	Zip 02907	City Providence,	State RI	Zip 02907
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
500 NO PAR VALUE			500		

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



File Date	6/27/05
Check No.	1717
By:	DA
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: 05/25/2005  
Cesar H. Morales  
Print or Type Name of Officer  
President  
Title of Officer



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 121357		2. Name of Corporation MAYA GUATEMALA, INC.			
3. Street Address Principal Business Office 264 POCASSET AVENUE		City PROVIDENCE	State RI	Zip 02909-	
4. Business Phone No. 401-464-6292		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A RESTAURANT AND BAR					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name CESAR H. MORALES		Vice President Name CESAR H. MORALES			
Street Address 125 HANOVER ST 1ST FLOOR		Street Address 125 HANOVER ST 1ST FLOOR			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907-
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name CESAR H. MORALES		Director Name			
Street Address 125 HANOVER ST 1ST FLOOR		Street Address			
City PROVIDENCE	State RI	Zip 02907-	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	NO PAR VALUE		500		

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



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\*121357 DBC 08/16/04 07:04:39 PM\*

File Date **FILED**

Check No. **AUG 18 2004**

By **[Signature]**

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]** 08/17/04  
Signature of Officer Date  
**CESAR H. MORALES**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No.

2. Name of Corporation

121357

MAYA GUATEMALA INC.

3. Street Address Principal Business Office

264 Pocasset Avenue

City

Providence

State

RI

Zip

02909

4. Business Phone No.

401-464-6292

5. State of Incorporation

Rhode Island

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

To Own and operate a Restaurant and Bar.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Cesar H. Morales

Vice President Name

Cesar H. Morales

Street Address

125 Hanover St

Street Address

125 Hanover St

City State Zip  
Providence RI 02907

City State Zip  
Providence RI 02907

Secretary Name

Cesar H. Morales

Treasurer Name

Street Address

125 Hanover St

Street Address

City State Zip  
Providence RI 02907

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Cesar H. Morales

Director Name

Street Address

125 Hanover St

Street Address

City State Zip  
Providence RI 02907

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

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

File Date: 9-5-03

Check No.: 5775768011

By: LUP

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: Cesar H. Morales Date: 09-04-03

Print or Type Name of Officer: Cesar H. Morales President

Title of Officer: 5



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 121357 2. Name of Corporation MAYA GUATEMALA  
3. Street Address (Principal Business Office) 125 HANOVER ST City PROVIDENCE State RI Zip 02907  
4. Business Phone No. (401) 331-7621 5. State of Incorporation RI 6. SIC Code 02907

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO OWN & OPERATE A RESTAURANT & BAR

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>CESAR H. MORALES</u>	Vice President Name <u>&lt; SAME &gt;</u>
Street Address <u>125 HANOVER ST</u>	Street Address
City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02907</u>	City State Zip
Secretary Name <u>&lt; SAME &gt;</u>	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>&lt; SAME &gt;</u>	Director Name <u>&lt; SAME &gt;</u>
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES 500  
Number of Shares Class/Series Par Value  
500

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
500

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

**FILED**

File Date: AUG 21 2002

Check No.: By DC 508

By: [Signature]

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 [Signature] Date 8/20/2002

Print or Type Name of Officer CESAR H. MORALES

Title of Officer PRESIDENT

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