

FOR SECRETARY OF STATE USE ONLY

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

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 💎 🔹 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2 Name of Corporation 121357 MAYA GUATEMALA, INC. 3 Street Address Principal Business Office State 264 Pocasset Ave Providence, RI 02909 4 Business Phone No 5. State of Incorporation 6. SIG Code 401-464-6292 **RHODE ISLAND** 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) TILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Cesar H. Morales Cesar H. Morales Street Address Street Address 125 Hanover Street 125 Hanover Street State Providence 02907 Providence. 02907 RI Lenary Name Prytairer pame Cesar H. Morales Cesar H. Morales Street Address Street Address 125 Hanover Street 125 Hanover Street CttvStette Zip City State RΙ 02907 Providence, Director Name Cesar H. Morales Cesar H. Morales Street Address Street Address 125 Hanover Street 125 Hanover Street State Zip City J 02907 02907 Director Name Cesar H. Morales Cesar H. Morales Street Address Sireri Address 125 Hanover Street 125 Hanover Street City State Zip City State Z.(j) Providence, RI 02907 02907 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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 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 and transfer forect. 05/25/2005 Date Cesar H. Morales Print or Type Name of Officer President

Title of Officer



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 BL	LACK)					
1. Corporate ID No.	ID No. 2. Name of Corporation					
121357	MAYA GUATE	MALA, INC.				
3. Street Address Principal Business Office			City	State	Zip	
264 POCASSET AVENU	JE		PROVIDENCE	RI	02909-	
4. Business Phone No. 5. State of Incorpora			on		6. SIC Code	
401-464-6292 RHODE ISLAN			D			
7. Brief Description of the Charac	ter of Business Conduc	ted in Rhode Island			•	
TO OWN AND OPERATE A	RESTAURANT AN	D BAR				
8. NAMES AND ADDRESS	ES OF THE OFFIC	ERS C'X" BOX FOR A	TTACHMENT) [] FILL IN SP.	ACES BEFORE USING A	TTACHMENT\$	
President Name			Vice President Name			
CESAR H. MORALES			· CESAR H. MORALE	ES		
Street Address	· · · · · · · · · · · · · · · · · · ·	•	Street Address			
125 HANOVER ST 1ST	FLOOR		125 HANOVER ST	1ST FLOOR		
City	State	Zip	City	State	Zip	
PROVIDENCE	RI	02907	· PROVIDENCE	RI	02907-	
Secretary Name			Treasurer Name		• • • • • • • • • • • • • •	
Sircei Address			' Street Address			
			•			
City	State	Zip	City	State	Zip	
			•			
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR	ATTACHMENT) FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
Director Name			Director Name			
CESAR H. MORALES			•			
Sireet Address		· · ·	Street Address			
125 HANOVER ST 1ST	FLOOR		•			
City	State	Zip	·City·	State	Zip	
PROVIDENCE	RI	02907-	•			
Director Name	J		Director Name		<i></i>	
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Street Address		- · · · · · · · · · · · · · · · · · · ·	·Sireet Address			
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10. SHARES AUTHORIZE) ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES			
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By A	1163
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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.

Spendboth 1. 08/1

CESAR H. MORALES

Print or Type Name of Officer
PRESIDENT

Title of Officer

Form 630 12/01



FORM MUST BE TYPED OR PRINTED IN BLACK)

3. Street Address Principal Business Office

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264 Pocasset Avenue

1. Corporate ID No.

121357

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

> 71p 02909

RI

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

09-04-03_

Form 630 12/02

Date

that all startyments contained herein are true and correct.

Signature of Officer

Title of Officer

♦

Cesar H. Morales
Print or Type Name of Officer
President

401-222-3040 STOP

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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2. Name of Corporation

MAYA GUATEMALA INC.

4. Business Phone No. 401-464-6292		5. State of Incorporation Rhode Isla			6. SIC Code
7. Brief Description of the Character	of Business Conducted (
To Own and operat	e a Restaur	ant and Bar.			
8. NAMES AND ADDRESS President Name Cesar H. Morales Street Address	ES OF THE OFF	ICERS (*X* BOX FOR ATE	ACHMENT) FILL IN SPACES B Vice President Name Cesar H. Morales Street Address	SEFORE USING ATTA	CHMENTS
125 Hanover St	State . RI	zip 02907	125 Hanover St	State RI	21p 02907
Secretary Name Cesar H. Morales		01.0 .	Treasurer Name		
Street Address			Street Address		
125 Hanover St	State	Zip	Chy	State	Zip
Providence	RI	02907	,		
9. NAMES AND ADDRESS Director Name Cesar H. Morales Street Address	ES OF THE DIR	ECTORS (*x* box for a	TTACHMENT) FILL IN SPACES Director Name Street Address	S BEFORE USING ATT	TACHMENTS
125 Hanover St					
Providence	State RI	02907	City	State	Zip
Director Name			Director Name		•
Street Address			Street Address		
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10. SHARES AUTHORIZED AUTHORIZED SHARES) (*x* box for ati	ACHMENT)	11. SHARES ISSUED (*)	K* BOX FOR ATTACHMEN	(17)
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fhis report must be signe	e d in ink by eit!	her the President, Vic	e President, Secretary, Assis	tant Secretary, Trea:	- • • • • • • • • • • • • • • • • • • •

Providence



FOR SECRETARY OF STATE USE ONLY

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

. Office of the Secretar	y of State				401-222-30
PROFIT CORP Filling Period: January (FORM MUST BE TYPED IN BLA	1-March 1 •	ANNUAL REI	ORT FOR TH	E YEAR'	STOP PLI AM READ INSTRUCTION
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4. Business Phone Na.	(,	5. State of Incorporation	RT	**	6. SIC Code
7. Brief Description of the Character	of Business Conducted in	Rhode Island	1 410		
			BAR		
8. NAMES AND ADDRESS President Name			(MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
CFSAR +	t. MORAL	FS	int transmit	« SAME >>	
Street Address	•		Street Address		
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City The Country Country Country	State	Zip ON ANT	City	State	ZIp
PROVIDENCE Secretary Name "SAME"	自	י ייטראט ד	Treusurer Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name (L SAME) Street Address			Street Address	ec PHAME >>	
City	State	Zip	City	State	ZIp
Director Name			Director Name		
Street Address			*Street Address		
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his report must be signe	d in ink by eith	er the President, Vice P	President, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Truste
1 -11	ED.			rjury, I declare and affir g any accompanying sch	m that I have examined redules and statements, and
FII	LED			optzined herein are true	
File Date: AUG	9-1-2 00 2		J Dans All	<u>'</u>	8/20/2007_
AUG A	O T FOOF		Signature of Officer	(() ` 	Date

PRESIDEN
THE OF OFFICER

Form 630 12/01