



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 19 2021

RY 3757 *e*

Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000104319		2. Exact name of the Corporation Matos Bakery, Inc			
3. Principal Office Address 569 Broadway			City Pawtucket	State RI	Zip 02860
4. NAICS Code 318121		6. Brief description of the character of business conducted in Rhode Island Bakery			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jose Matos			Vice-President Name Ana Matos		
Street Address 113 Carnation St			Street Address 113 Carnation St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Marco Matos			Treasurer Name Kevin Matos		
Street Address 23 Chestnut St			Street Address 113 Carnation St		
City Cumberland	State RI	Zip 02864	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marco Matos			Director Name Ana Matos		
Street Address 23 Chestnut St			Street Address 113 Carnation St		
City Cumberland	State RI	Zip 02864	City Pawtucket	State RI	Zip 02860
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common	0
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>					
Name of Authorized Representative Marco Matos				Date 03/01/2021	
Signature of Authorized Representative <i>Marco Matos</i>					