RI SOS Filing Number: 202197268890 Date: 3/15/2021 4:00:00 PM

State of Rhode Island

**Department of State - Business Services Division**

**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.

STAMP

| 1. Entity ID Number | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 000080340 | MR BAKING, INC. | | | |
| 3. Principal Office Address: 185 Broad Street | City: Cumberland | State: RI | Zip: 02864 | |
| 4. NAICS Code: 445291 | 6. Brief description of the character of business conducted in Rhode Island: Ownership and Management and Operation of Bakeries. | | | |
| 5. State of Incorporation: Rhode Island | | | | |

**7. List ALL officers (names and addresses)** — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Emanuel R. Melo | | | Vice-President Name: Angelina C. Melo | | |
| Street Address: 185 Broad Street | | | Street Address: 185 Broad Street | | |
| City: Cumberland | State: RI | Zip: 02864 | City: Cumberland | State: RI | Zip: 02864 |
| Secretary Name: Angelina C. Melo | | | Treasurer Name: Emanuel R. Melo | | |
| Street Address: 185 Broad Street | | | Street Address: 185 Broad Street | | |
| City: Cumberland | State: RI | Zip: 02864 | City: Cumberland | State: RI | Zip: 02864 |

**8. List ALL directors (names and addresses)** — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Emanuel R. Melo | | | Director Name: Angelina C. Melo | | |
| Street Address: 185 Broad Street | | | Street Address: 185 Broad Street | | |
| City: Cumberland | State: RI | Zip: 02864 | City: Cumberland | State: RI | Zip: 02864 |
| 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 ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 100 | Common | No Par Value |
| | | | |

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.

***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.***

| Name of Authorized Representative | Date |
|---|---|
| Emanuel R. Melo | 3/2/21 |

Signature of Authorized Representative: Emanuel R. Melo

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

Filed by LD
3/15/21
Check # 5390

**FORM 630 - Revised: 08/2020**