



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023 -
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV.

2023 JAN 20 A 10:21

1. Entity ID Number 90804		2. Exact name of the Corporation MAYA BAKERY, INC			
3. Principal Office Address 113 Valley St		City PROV.	State RI	Zip 02909	
4. NAICS Code 722515		6. Brief description of the character of business conducted in Rhode Island BAKERY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edgar Gorman			Vice-President Name Edgar Gorman		
Street Address 410 Wellington Av			Street Address 410 Wellington Av		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02909
Secretary Name Helma Gorman			Treasurer Name Helma Gorman		
Street Address 410 Wellington Av			Street Address 410 Wellington Av		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			800	STK	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.					
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 Edgar Gorman			FILED 1021		Date 1-20-23
Signature of Authorized Representative 			JAN 20 2023 BY MS H85HA		