



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.

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 DEPT OF STATE
 BUSINESS SERVICES DIVISION
 2023 MAR 20 A 10:03

1. Entity ID Number 001714696		2. Exact name of the Corporation Masterkitchens Center, Inc	
3. Principal Office Address 547 Thames st. unit B		City newport	State Ri
		Zip 02840	
4. NAICS Code 337110	6. Brief description of the character of business conducted in Rhode Island kitchen & Bathroom design with installation		
5. State of Incorporation Rhode island		and General Construction	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Yanira Gonzalez		Vice-President Name Gaslin Mercedes Pena Genao	
Street Address 547 Thames st #B		Street Address 547 Thames st #B	
City newport	State Ri	Zip 02840	City newport
			State Ri
			Zip 02840
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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 10,000	CLASS/SERIES CNP
			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 Yanira Gonzalez		Date 03/20/2023	
Signature of Authorized Representative <i>Yanira Gonzalez</i>			

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
 MAR 20 2023
 BY ML AK8FC