



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 AMENDEL
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV.

2023 MAR 30 A 10:22

1. Entity ID Number 1714696		2. Exact name of the Corporation MASTER KITCHEN CENTER INC			
3. Principal Office Address 547 THAMES STREET 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 AND GENERAL CONSTRUCTION RESIDENTIAL AND COMMERCIAL 236220 236118			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name YANIRA GONZALEZ			Vice-President Name		
Street Address 547 THAMES STREET unit B			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
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		PAR VALUE
			10,000		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 YANIRA GONZALEZ				Date 3/30/2023	
Signature of Authorized Representative 					

FILED

MAR 30 2023

BY ML



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 30, 2023 10:22 AM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

