



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 <b>1714696</b>		2. Exact name of the Corporation <b>MASTER KITCHEN CENTER INC</b>			
3. Principal Office Address <b>547 THAMES STREET unit B</b>			City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>337110</b>		6. Brief description of the character of business conducted in Rhode Island <b>KITCHEN &amp; BATHROOM DESIGN WITH INSTALLATION AND GENERAL CONSTRUCTION RESIDENTIAL AND COMMERCIAL 236220 236118</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>YANIRA GONZALEZ</b>			Vice-President Name		
Street Address <b>547 THAMES STREET unit B</b>			Street Address		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>10,000</b>		<b>0</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>YANIRA GONZALEZ</b>				Date <b>3/30/2023</b>	
Signature of Authorized Representative 				<b>FILED</b>  <b>MAR 30 2023</b>  BY <u>ML</u>	

MAIL TO:  
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