



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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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BUS SVCS DIV

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1. Entity ID Number <u>90804</u>		2. Exact name of the Corporation <u>MAKA BAKERY - INC</u>	
3. Principal Office Address <u>113 Valley St</u>		City <u>PROV</u>	State <u>RI</u> Zip <u>02909</u>
4. NAICS Code <u>722515</u>	6. Brief description of the character of business conducted in Rhode Island <u>BAKERY</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Edgar GURMAN</u>		Vice-President Name <u>Jenniferly GURMAN</u>	
Street Address <u>410 Wellington Av</u>		Street Address <u>410 Wellington Av</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u>
Secretary Name <u>Thelma GURMAN</u>		Treasurer Name <u>DAMARIZ GURMAN</u>	
Street Address <u>410 Wellington Av</u>		Street Address <u>410 Wellington Av</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u>
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>800</u>	CLASS/SERIES <u>0</u>
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 <u>Edgar GURMAN</u>		Date <u>1-5-24</u>	
Signature of Authorized Representative 			

FILED

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

JAN 05 2024
BY ML TXDRM

FORM 630- Revised 04/2023