



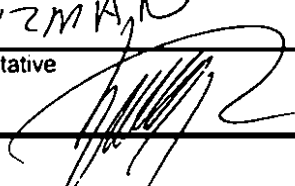
State of Rhode Island
Department of State - Business Services Division

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.

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

2024 JAN -5 A 10:13

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 GURMAN			Vice-President Name JEMBERLY GURMAN -		
Street Address 410 Wellington Av			Street Address 410 Wellington Av -		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Theresa GURMAN -			Treasurer Name DAMARIZ GURMAN		
Street Address 410 Wellington Av			Street Address 410 Wellington Av		
City Cranston	State RI	Zip 02909	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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.		800		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 GURMAN				Date 1-5-24	
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