



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.

APR 30 2024
5736
STAMP

1. Entity ID Number 000080340		2. Exact name of the Corporation MR BAKING, INC.			
3. Principal Office Address 185 Broad Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 445291		6. Brief description of the character of business conducted in Rhode Island Ownership and Management and Operation of Bakeries.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Emanuel R. Melo			Vice-President Name Angelina C. Melo		
Street Address 185 Broad Street			Street Address 185 Broad Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Angelina C. Melo			Treasurer Name Emanuel R. Melo		
Street Address 185 Broad Street			Street Address 185 Broad Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Emanuel R. Melo			Director Name Angelina C. Melo		
Street Address 185 Broad Street			Street Address 185 Broad Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 100	CLASS/SERIES Common	PAR VALUE No 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 Emanuel R. Melo				Date	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov