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.

FILED
MAY 24 2024
BY 71584

1. Entity ID Number	2. Exact name of the Corporation		
001699963	MMLSAIK, Inc.		
3. Principal Office Address	City	State	Zip
8 Kimball Avenue	Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
722511	Restaurant activities.		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Angel Winpenny			Angel Winpenny		
Street Address			Street Address		
8 Kimball Avenue			8 Kimball Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		
Angel Winpenny			Angel Winpenny		
Street Address			Street Address		
8 Kimball Avenue			8 Kimball Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common Shares	0.01 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	Date
Angel Winpenny	5/22/24

Signature of Authorized Representative
Angel Winpenny

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov