



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED

MAY 24 2024

BY [Signature] 1589

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001699963		2. Exact name of the Corporation MMLSAJK, Inc.			
3. Principal Office Address 8 Kimball Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant activities.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Angel Wimpenny			Vice-President Name Angel Wimpenny		
Street Address 8 Kimball Avenue			Street Address 8 Kimball Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Angel Wimpenny			Treasurer Name Angel Wimpenny		
Street Address 8 Kimball Avenue			Street Address 8 Kimball Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES Common Shares	PAR VALUE 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 Angel Wimpenny					Date 5/22/24
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
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