RI SOS Filing Number: 202455426750 Date: 6/6/2024 4:00:00 PM



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	foe if form is no	ot filed by May 31			- ابن بعد		- ' .	
1. Entity ID Number	2. Exact name of the Corporation							
000104319	Matos Bakery, Inc							
	IVICIOS	akery, inc						
3. Principal Office Address			City		State		Zip	
569 Broadway			Pawtu	ıcket	RI		02860	
4. NAICS Code	16. Brief descr	intion of the charact	ter of busine	ss conducted in Rhod	le Island		1	
311800		phone at a 2 g g	30, 5, 522	30 00	10 1010			
	1							
5. State of Incorporation Rhode Island		-						
			·				·	
7. List ALL officers (names and ad	dresses)			Check the	e box to indic	cate an att	achment 🗆	
President Name Jose Matos		^{ident Name} Ana Mat						
Street Address 113 Carnation	Street Add	Street Address 113 Carnation St						
^{City} Pawtucket	State RI	^{Zip} 02860	City Pav	City Pawtucket		RI	^{Zip} 02860	
Secretary Name Marco Matos			1	Treasurer Name Kevin Matos				
Street Address 23 Chestnut St			Street Add	Street Address 113 Carnation St				
^{City} Cumberland	State	^{Zip} 02864		City Pawtucket		RI	^Z io 02860	
8. List ALL directors (names and a	ddresses)	<u> </u>			e box to indic		.1	
Director Name Marco Matos	44100000,	· · · · · ·	Director N	^{ame} Ana Matos	5 00A to 11,0	<u> </u>	acimient	
Street Address 23 Chestnut St			Street Add	Street Address 113 Carnation St				
^{City} Cumberland	State RI	^{Zip} 02864	City Pav	^{City} Pawtucket		RI	Zio 02860	
Director Name			Director Na	Director Name				
Street Address	· • ·	··-	Street Add	lress				
<u> </u>	T				· · · · · · · · · · · · · · · · · · ·		•	
City	State	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Issu	ued	Check th	e hox to indi	cate an at	 tachment □	
This information is currently of reco	rd in the	NUMBER OF		CLASS/SE		Caro on a.	PAR VALUE	
Department of State. Changes require an additional filing.		200		Common		0		
		 						
	,	1						
11. This report must be executed o					rporation is i	n the hand	is of a re-	
ceiver or trustee, this report must be Under penalty of perjury, I decla					omoanving	cchodule	e and	
statements, and that all stateme	ints contained i	herein ar <u>e true anc</u>	d correct.	t, moraumy any acc	Ompanys	36//644		
Name of Authorized Representative					Date			
Marco Matos					04/2	04/24/2024		
Inagarra C: SEELL-II	Andi							