



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.

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| | | | | | |
|--|--------------------|--|---|---------------------|-------------------------|
| 1. Entity ID Number 001702534 | | 2. Exact name of the Corporation Magellan Inc | | | |
| 3. Principal Office Address 736 N. Broadway | | City E. Providence | State RI | Zip 02914 | |
| 4. NAICS Code 722511 | | 6. Brief description of the character of business conducted in Rhode Island MEXICAN sit down Restaurant / take out | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name ARTURO LOPEZ | | | Vice-President Name DAVID LOPEZ | | |
| Street Address 75 Silverwood Dr | | | Street Address 29 KERRY LANE | | |
| City Taunton | State MA | Zip 02780 | City Taunton | State MA | Zip 02718 |
| Secretary Name Jose Lopez | | | Treasurer Name DAVID LOPEZ | | |
| Street Address 1 Hybrid Dr | | | Street Address 29 KERRY LANE | | |
| City Lakeville | State MA | Zip 02347 | City Taunton | State MA | Zip 02718 |
| 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. Changes require an additional filing. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | |
| | | | 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 Jose Lopez | | | | | Date 12-16-24 |
| Signature of Authorized Representative [Signature] | | | | | |

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 06 2025

BY **07SVA.**

AA. 11:32 AM

FORM 630- Revised: 12/2023