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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY 1036

Annual Report for the year: 2025
Corporation

→ 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	2. Exact name of the Corporation
001704763	A.M.A. Pretzels XXXI Corporation

3. Principal Office Address	City	State	Zip
PO Box 262511	Miami	FL	33126

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	Retail of pretzels and drinks
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
Georgine Shulman	David Margolis
Street Address: 27 Wind Mill Circle	Street Address: 21370 Green Hill Ln
City: Stamford, State: CT, Zip: 06903	City: Boca Raton, State: FL, Zip: 33428
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

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

Director Name	Director Name
Georgine Shulman	David Margolis
Street Address: 27 Wind Mill Circle	Street Address: 21370 Green Hill LN
City: Stamford, State: CT, Zip: 06903	City: Boca Raton, State: FL, Zip: 33428
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
250	CWP	$0.0100

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
Georgine Shulman	2/17/2025

Signature of Authorized Representative: Georgine Shulman

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023