



State of Rhode Island
Department of State - Business Services Division

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.

**FILED
STAMP
MAY 01 2025**
BY FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000080340		2. Exact name of the Corporation MR BAKING, INC.												
3. Principal Office Address 185 BROAD STREET			City CUMBERLAND	State RI	Zip 02864									
4. NAICS Code 445291		6. Brief description of the character of business conducted in Rhode Island Ownership, management, and operation of bakeries.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Emanuel R. Melo			Vice-President Name Angelina C. Melo											
Street Address 185 Broad Street			Street Address 185 Broad Street											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
Secretary Name Angelina C. Melo			Treasurer Name Emanuel R. Melo											
Street Address 185 Broad Street			Street Address 185 Broad Street											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Emanuel R. Melo			Director Name Angelina C. Melo											
Street Address 185 Broad Street			Street Address 185 Broad Street											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
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. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STKS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/STKS	PAR VALUE	100	Common	No Par Value			
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100	Common	No 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 Emanuel R. Melo				Date April 15, 2025										
Signature of Authorized Representative 														

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