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
FOR SECRETARY OF STATE'S USE ONLY
BY _____

1. Entity ID Number	2. Exact name of the Corporation			
000080340	MR BAKING, INC.			
3. Principal Office Address		City	State	Zip
185 BROAD STREET		CUMBERLAND	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445291	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.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
Emanuel R. Melo	April 15, 2025

Signature of Authorized Representative
X Emanuel R. Melo

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