



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

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 <u>126100</u>		2. Exact name of the Corporation <u>M&M NEW YORK SYSTEM, INC.</u>	
3. Principal Office Address <u>361 WATERMAN AVENUE</u>		City <u>EAST PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02914</u>	
4. NAICS Code <u>722511</u>	6. Brief description of the character of business conducted in Rhode Island <u>FULL SERVICE RESTAURANT</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>ROBERT A MEDEIROS</u>		Vice-President Name <u>PAUL MELLO</u>	
Street Address <u>69 DOOLITTLE STREET</u>		Street Address <u>432 BROWN AVENUE</u>	
City <u>COVENTRY</u>	State <u>RI</u>	City <u>SEEKONK</u>	State <u>MA</u>
Zip <u>02816</u>		Zip <u>02771</u>	
Secretary Name <u>ROBERT A MEDEIROS</u>		Treasurer Name <u>PAUL MELLO</u>	
Street Address <u>69 DOOLITTLE STREET</u>		Street Address <u>432 BROWN AVENUE</u>	
City <u>COVENTRY</u>	State <u>RI</u>	City <u>SEEKONK</u>	State <u>MA</u>
Zip <u>02816</u>		Zip <u>02771</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>ROBERT A MEDEIROS</u>		Director Name <u>PAUL MELLO</u>	
Street Address <u>69 DOOLITTLE STREET</u>		Street Address <u>432 BROWN AVENUE</u>	
City <u>COVENTRY</u>	State <u>RI</u>	City <u>SEEKONK</u>	State <u>MA</u>
Zip <u>02816</u>		Zip <u>02771</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		1000 COMMON NO PAR	
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. FILED			
Name of Authorized Representative <u>ROBERT A MEDEIROS</u>		Date <u>6/19/2025</u>	
Signature of Authorized Representative <u>Robert A Medeiros</u>		BY <u>1m844</u>	

MAIL TO:
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Website: www.sos.ri.gov