



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31st

REC'D RI SOS 850
25 JUL 24 PM 2:04:00

1. Entity ID Number 126100		2. Exact name of the Corporation M&M NEW YORK SYSTEM, INC.										
3. Principal Office Address 361 WATERMAN AVENUE		City EAST PROVIDENCE	State RI									
		Zip 02914										
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name ROBERT A MEDEIROS		Vice-President Name PAUL MELLO										
Street Address 69 DOOLITTLE STREET		Street Address 432 BROWN AVENUE										
City COVENTRY	State RI	City SEEKONK	State MA									
Zip 02816		Zip 02771										
Secretary Name ROBERT A MEDEIROS		Treasurer Name PAUL MELLO										
Street Address 69 DOOLITTLE STREET		Street Address 432 BROWN AVENUE										
City COVENTRY	State RI	City SEEKONK	State MA									
Zip 02816		Zip 02771										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name ROBERT A MEDEIROS		Director Name PAUL MELLO										
Street Address 69 DOOLITTLE STREET		Street Address 432 BROWN AVENUE										
City COVENTRY	State RI	City SEEKONK	State MA									
Zip 02816		Zip 02771										
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	NO PAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1000	COMMON	NO PAR										
Changes require an additional filing.												
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 ROBERT A MEDEIROS		Date 6/19/2025										
Signature of Authorized Representative <i>Robert A Medeiros</i>		BY 1M84H 20 KJ										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov