State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2019
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
124100	M&M NEW YORK SYSTEM, INC.

3. Principal Office Address	City	State	Zip
361 WATERMAN AVENUE	EAST PROVIDENCE	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	FULL SERVICE RESTAURANT
5. State of Incorporation: RI	

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

President Name: ROBERT A MEDEIROS			Vice-President Name: PAUL MELLO		
Street Address: 69 DOOLITTLE STREET			Street Address: 432 BROWN AVENUE		
City: COVENTRY	State: RI	Zip: 02816	City: SEEKONK	State: MA	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	Zip: 02816	City: SEEKONK	State: MA	Zip: 02771

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

Director Name: ROBERT A MEDEIROS			Director Name: PAUL MELLO		
Street Address: 69 DOOLITTLE STREET			Street Address: 432 BROWN AVENUE		
City: COVENTRY	State: RI	Zip: 02816	City: SEEKONK	State: MA	Zip: 02771
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
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	Date
ROBERT A MEDEIROS	6/19/2025

JUL 24 2025

Signature of Authorized Representative: Robert A Medeiros

BY 205 IM844 KS

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