State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	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		Date
ROBERT A MEDEIROS	JUL 24 2025 1m84H	6/19/2025
Signature of Authorized Representative	**BY**	
Robert A. Medeiros	204	

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