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R.I. DEPT. OF STATE



State of Rhode Island

State of Rhode Island BUS SVCS DIV Department of State - Business Services Division

2021

Annual Report for the year:

2021 SEP 28 A & 43

R.I. DEPT. OF STATE BUS SVCS DIV

2021 AUG 25 PM 3: 52

Corporation				_
→ Filing period: January	1	-	March	1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.	.00 fee if form is no	ot filed by April 1.			_					
1. Entity ID Number 000063608		2 Exact name of the Corporation MEL & ME, LTD.								
3. Principal Office Address 2377 Pawtucket Avenue	·		City East Providence		State RI	Zip 02914				
4. NAICS Code	6. Brief desc	cription of the charac	cter of business c	conducted in Rhode	e Island					
423620	To sell cloth	To sell clothing and other goods at retail.								
5. State of Incorporation	\neg									
Rhode Island										
7. List ALL officers (names and	d addresses)		Issa- Deseiden		ck the box to in	ndicate an attachment 🔲				
President Name Brenda Bedri	ck		Vice-President	i Name						
Street Address 2377 Pawtucke	Street Address 2377 Pawtucket Avenue			Street Address						
City East Providence	State RI	Z ₁ p 02914	City		State	Zip .				
Secretary Name Brenda Bedric	k	t	Treasurer Nam	Treasurer Name Brenda Bedrick						
Street Address 2377 Pawtucke	treet Address 2377 Pawtucket Avenue			Street Address 2377 Pawtucket Avenue						
City East Providence	State RI	Zip 02914	City East Pro	vidence	State RI	Zip 02914				
8. List ALL directors (names a	ind addresses)		To a section		ck the box to in	ndicate an attachment 🔲				
Director Name			Director Name	;						
Street Address			Street Address							
City	State	Zip	City		State	Zip				
Director Name			Director Name	;		•				
Street Address			Street Address							
City	State	Zip	City		State	Zip				
9. Shares Authorized		10. Shares Iss	sued			ndicate an attachment				
This information is currently of Department of State.	record in the	NUVBERO	F SHARES	CLASS/SEF		PAR VALUE				
Changes require an additional f	##==	1200	Common			No Par Value				
Changes require an auditional i	hling,									
11. This report must be execu					rporation is in t	he hands of a receiver or				
trustee, this report must be ex Under penalty of perjury, I d					ompanying so	chedules and				
statements, and that all stat	tements contained				10-4-					
Name of Authorized Represer Brenda Bedrick, President	itative				luare 1 1 —	28-21				
Signature of Authorized Repre	esentative	·	FILE	U						

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: 08/2020