



Secretary of State
Statement of Information
(California Stock, Agricultural
Cooperative and Foreign Corporations)

SI-550

21-03310J

FILED
Secretary of State
State of California

OCT 15 2021

IMPORTANT — Read instructions before completing this

form. Fees (Filing plus Disclosure) – \$25.00;

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

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1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

This Space For Office Use Only

2. 7-Digit Secretary of State Entity Number

MUM'S PLACE INC

C3346295

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
246 FOREST AVE	PACIFIC GROVE	CA	93950
b. Mailing Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ MIGIRDIC Address 246 FOREST AVE	First Name M	Middle Name M	Last Name TERSAKYAN City (no abbreviations) PACIFIC GROVE State CA Zip Code 93950	Suffix
b. Secretary TALIN Address 246 FOREST AVE	First Name A	Middle Name A	Last Name TERSAKYAN City (no abbreviations) PACIFIC GROVE State CA Zip Code 93950	Suffix
c. Chief Financial Officer/ MIGIRDIC Address 246 FOREST AVE	First Name M	Middle Name M	Last Name TERSAKYAN City (no abbreviations) PACIFIC GROVE State CA Zip Code 93950	Suffix

5. Director(s)

California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name and address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

a. First Name MIGIRDIC Address 246 FOREST AVE	Middle Name M	Last Name TERSAKYAN City (no abbreviations) PACIFIC GROVE State CA Zip Code 93950	Suffix
b. Number of Vacancies on the Board of Directors, if any 0			

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) MIGIRDIC	Middle Name M	Last Name TERSAKYAN	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 246 FOREST AVE	City (no abbreviations) PACIFIC GROVE	State CA	Zip Code 93950

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

7. Type of Business

Describe the type of business or services of the Corporation
FURNITURE SALES

8. The Information contained herein, including in any attachments, is true and correct.

10/10/21
Date

MIGIRDIC TERSAKYAN
Type or Print Name of Person Completing the Form

CEO
Title

Signature