



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
(401.222.3040)

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** ~~2008~~ 2009

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 52230		2. Name of Corporation ITALIAN BREAD BOX, INC.			
3. Street Address Principal Business Office 45 WEST SHORE ROAD			City WARWICK	State RI	Zip 02889
4. Business Phone No. 401-737-9842		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island BAKERY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ( <b>"X" BOX FOR ATTACHMENT</b> ) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Silvio Vitale			Vice President Name Diane Vitale		
Street Address 45 West Shore Road			Street Address 45 West Shore Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Diane Vitale			Treasurer Name Silvio Vitale		
Street Address 45 West Shore Road			Street Address 45 West Shore Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: ( <b>"X" BOX FOR ATTACHMENT</b> ) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name Silvio Vitale			Director Name Diane Vitale		
Street Address 45 West Shore Road			Street Address 45 West Shore Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ( <b>"X" BOX FOR ATTACHMENT</b> ) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
		Number of Shares 1200	Class/Series Common	Par Value No Par	

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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.

**FILED**

AUG 28 2009

By: [Signature]  
 File Date \_\_\_\_\_  
 Check No. 29.976 43  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

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.

Diane Vitale Aug 25, 09  
 Signature Date  
 Diane Vitale  
 Print or Type Name  
 Vice President  
 Title