

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 2011

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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).

I. Corporate ID No. 44375		2. Name of Corporation AMERICAN BAKERY SUPPLIES, INC.				
3. Street Address Principal Business Office 100 PULASKI STREET			WEST WARWICK	State RI	Zip 02893	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND				Y	· · · · · · · · · · · · · · · · · · ·	
<ol> <li>Brief Description of the Characte SELLING AT WHOLESAL</li> </ol>	er of Business Condu LE ALL TYPES	icted in Rhode Island OF FARMING, DAIRY AND E	BAKERY SUPPLIES			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name ROBERT M. MESSIER, SR.						
Mercet Adultress 46 GLEN DRIVE			Miret Address 46 GLEN DRIVE			
CHY WEST WARWICK	State RI	<sup>Zip</sup> 02893	City WEST WARWICK	State RI	<sup>Ζφ</sup> 02893	
Secretary Name THERESA MESSIER			Treusurer Name THERESA MESSIER			
Street Address 46 GLEN DRIVE			Street Address 46 GLEN DRIVE			
WEST WARWICK	State RI	<sup>Zip</sup> 02893	City WEST WARWICK	State RI	<sup>Zip</sup> 02893	
ROBERT M. MESSIER		ECTORS: ("X" BOX FOR ATT	ACHMENT) THE FILL IN SE Infector Name THERESA MESSIER	PACES BEFORE USIN	G ATTACHMENTS	
Street Address 46 GLEN DRIVE			Streel Address 46 GLEN DRIVE			
Tity WEST WARWICK Process Name	State RI	02893	City WEST WARWICK Director Name	State RI	71p 02893	
Street Address			Street Address			
$n_V$	State	Zip	City	State	Zip	
. SHARES AUTHORIZED			10. SHARES ISSUED (*2) ISSUED SHARES — THIS SECTION		 HMENT) [	
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an a natruction sheet.	additional filing.	. See Section 9 of	100	COMMON	NO PAR	

FILED	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.
File DateFEB 02 2011	Thirsa Messie 2/1/11
Check No. By MMC	Signature Date Date A NESSIER
By:	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08