



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River St., Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**  
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

\* In accordance with R.I.C.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.C.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 73110      2. Name of Corporation LUZITANIA BAKERY, INC.

3. Street Address Principal Business Office: 312 BARTON STREET      City: PAWTUCKET      State: RI      Zip: 02860

4. Business Phone No. 4017251435      5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island  
**THE SALE OF PASTRY PRODUCTS**

**7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name ALIPIO A SILVA	Vice President Name CARLOS MARQUES
Street Address 5 ARMAND DRIVE	Street Address 203 SISSON STREET
City State Zip NORTH PROVIDENCE RI 02904	City State Zip PAWTUCKET RI 02860
Secretary Name ALIPIO A SILVA	Treasurer Name CARLOS MARQUES
Street Address 5 ARMAND DRIVE	Street Address 5 ARMAND DRIVE
City State Zip NORTH PROVIDENCE RI 02904	City State Zip NORTH PROVIDENCE RI 02904

**8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name NONE	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 (X BOX FOR ATTACHMENT)       10. SHARES ISSUED (X BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM	\$1.00 PAR VALUE	1000	COMMON	\$1000.00

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**

FEB 24 2011

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.

\*73110 DBC 01/23/06 04:52:32 PM\*  
File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

By 138 211  
OS

Signature of Officer \_\_\_\_\_ Date 2-3-11  
Print or Type Name of Officer \_\_\_\_\_  
Title of Officer \_\_\_\_\_