



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 2012**

**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. 529832		2. Name of Corporation The Bakery Boutique, Inc.			
3. Street Address Principal Business Office 55 Douglas Pike, Unit 102			City Smithfield	State RI	Zip 02917
4. Business Phone No. 401-231-2253		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Gourmet Bakery					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Deana Cimorelli			Vice President Name None		
Street Address 119 Windmill Street			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Deana Cimorelli			Treasurer Name Deana Cimorelli		
Street Address 119 Windmill Street			Street Address 119 Windmill Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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 MUST BE COMPLETED		
			Number of Shares 100	Class Series Common	Par Value No Par

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**

MAR 16 2012

By

*Deana Cimorelli*  
OS

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.

*Deana Cimorelli*      *March 9, 2012*  
Signature      Date

Deana Cimorelli

Print or Type Name

President

Title

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY