



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>68114</u>		2. Exact name of the Corporation <u>THE BAGEL BARN INC</u>			
3. Principal office address <u>747 AQUIDNECK AVE</u>		City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	
4. Business Phone No. <u>401-841-5514</u>		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island <u>BAGEL Shop / DELI</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>BRYAN E. BABCOCK</u>			Vice-President Name <u>FRANCES J. BABCOCK</u>		
Street Address <u>47 WASHINGTON ST</u>			Street Address <u>47 WASHINGTON ST</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
Secretary Name <u>BRYAN E. BABCOCK</u>			Treasurer Name <u>FRANCES J. BABCOCK</u>		
Street Address <u>47 WASHINGTON ST</u>			Street Address <u>47 WASHINGTON ST</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address <u>none</u>			Street Address <u>none</u>		
City <u>none</u>	State <u>none</u>	Zip <u>none</u>	City <u>none</u>	State <u>none</u>	Zip <u>none</u>
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address <u>none</u>			Street Address <u>none</u>		
City <u>none</u>	State <u>none</u>	Zip <u>none</u>	City <u>none</u>	State <u>none</u>	Zip <u>none</u>
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.			NUMBER OF SHARES <u>none</u>	CLASS/SERIES	PAR VALUE

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.

File Date \_\_\_\_\_

**FILED**

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.

Check No \_\_\_\_\_

**MAR 26 2013**

Bryan E. Babcock 2/4/13  
 Signature of Authorized Representative Date

By: \_\_\_\_\_

BRYAN E. BABCOCK  
 Print or Type Name of Authorized Representative

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