



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 2014

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. 15016		2. Exact name of the Corporation VOCATURA BAKERY			
2. Principal office address 2 Nichols Lane		City Westerly		State RI	Zip 02891
3. Business Phone No. 401-596-4263		4. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Bakery					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lawrence Vocatura			Vice president Name Frank Vocatura		
Street Address 51 Brown School Rd.			Street Address 2 Nichols Lane		
City Preston	State CT	Zip 06365	City Westerly	State RI	Zip 02891
Secretary Name David Vocatura			Treasurer Name Richard Vocatura		
Street Address 1 Orleans Court			Street Address 405 Salem Tpke		
City Westerly	State RI	Zip 02891	City Bozrah	State CT	Zip 06334
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lawrence Vocatura			Director Name Frank Vocatura		
Street Address 51 Brown School Road			Street Address 2 Nichols Lane		
City Preston	State CT	Zip 06365	City Westerly	State RI	Zip 02891
Director Name David Vocatura			Director Name Richard Vocatura		
Street Address 1 Orleans Court			Street Address 405 Salem Tpke		
City Westerly	State RI	Zip 02891	City Bozrah	State CT	Zip 06334
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	CLASS/SERIES	PAR VALUE
			200	A	

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Signature of Authorized Representative _____
Date _____

LAWRENCE VOCATURA
Print or Type Name of Authorized Representative