



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 **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. 54762		2. Exact name of the Corporation THREE FLAGS BAKERY, INC.		
3. Principal office address 1255 BROAD STREET		City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone No. 4017255303		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island own and operate a bakery				
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
President Name PEDRO S. CORREIA		Vice-President Name EDUARDA G. CORREIA		
Street Address 1255 BROAD STREET		Street Address 1255 BROAD STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI
Secretary Name EDUARDA G. CORREIA		Treasurer Name PEDRO S. CORREIA		
Street Address 1255 BROAD STREET		Street Address 1255 BROAD STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
Director Name PEDRO S. CORREIA		Director Name EDUARDA G. CORREIA		
Street Address 1255 BROAD STREET		Street Address 1255 BROAD STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
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		COMMON		NO 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
Check No. **17823**
By
FOR SECRETARY OF STATE USE

FILED

MAR 03 2014

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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.

Pedro S. Correia 2-19-14
Signature of Authorized Representative Date

PEDRO S. CORREIA

Print or Type Name of Authorized Representative