

## 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 • I	FAILURE TO F	ILE THIS REPORT BY	MARCH 31 WILL RE	SULT IN A \$25.00 PE	NALTY FEE.
1. Entity ID No.	2. Exact n	ame of the Corporation			
54762	THRE	E FLAGS BAKER	Y, INC.		
3. Principal office address 1255 BROAD STREE	T		City CENTRAL FAL	State LS RI	Zip <b>02863</b>
. Business Phone No. 4017255303		5. State of Incorporation RHODE ISLAND			
Brief description of the cha     own and operate a ba	racter of busine akery	ss conducted in Rhode Isla	nd		
			Nervellage Paren	ikanja peradangan dan dan dan dan dan dan dan dan dan d	
President Name PEDRO S. CORREIA		Vice-President Name EDUARDA G. CORREIA			
Street Address 1255 BROAD STREET			Street Address 1255 BROAD STREET		
CENTRAL FALLS	State RI	Zip <b>02863</b>	City CENTRAL FAL	LS State	Zip 02863
Secretary Name EDUARDA G. CORRE	EIA		Treasurer Name PEDRO S. COR	REIA	
Street Address 1255 BROAD STREET	Г		Street Address 1255 BROAD S		
CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALI	State	Zip <b>02863</b>
LUST ALL DIRECTORS (N Director Name PEDRO S. CORREIA	arinana.	YRESSESTURESON FOR	Director Name EDUARDA G. C	ORREIA	THE PROPERTY OF
Street Address 1255 BROAD STREET			Street Address 1255 BROAD S		
CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALL	State RI	Zip > 02863
Director Name NONE			Director Name NONE		<u> </u>
Street Address	- T		Street Address	The NA Park	<b>B</b> 500
City	State	Zip	City	State	Zip = Z
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hia information in access to			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
his information is currently of f State. Changes require an a see Section 9 of instruction s	additional filing	Office of the Secretary J.	200	COMMON	NO PAR VALUE
This report must be executed of	on behalf of the	corporation by an authorize	d representative. If the co	orporation is in the hand	s of a receiver or trustee

cuted on behalf of the corporation by the receiver or trustee.

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MAR 0 3 2014 on 218933 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

PEDRO S. CORREIA

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative