



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 **2015**

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. 73110		2. Exact name of the Corporation Luzitania Bakery, Inc.			
3. Principal office address 312 BARTON STREET		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. 401-725-1435		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The Sale of Pastry Products					
President Name Alipio A. Silva			Vice-President Name Carlos Marques		
Street Address 5 Armand Drive			Street Address 203 Sisson Street 6 Armand Dr		
City North Providence	State RI	Zip 02904	City Pawtucket (W. Pawtucket)	State RI	Zip 02860 (02904)
Secretary Name Alipio A. Silva			Treasurer Name Carlos Marques		
Street Address 5 Armand Drive			Street Address 203 Sisson Street		
City North Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860
Director Name			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
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 1000	CLASS/SERIES Common	PAR VALUE \$1,000.00

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.

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] 2-2-15
Signature of Authorized Representative Date

Alipio A. Silva

Print or Type Name of Authorized Representative

FILED
MAR 02 2015
By 24301
A.A.