



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 2016

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. 3410		2. Exact name of the Corporation CALISE & SONS BAKERY, INC.			
3. Principal office address 2 QUALITY DRIVE		City LINCOLN	State RI	Zip 02865	
4. Business Phone No. 4013343334		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island BAKING, BUYING AND SELLING IN BAKERY AND BREADS.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael R. Calise			Vice-President Name		
Street Address 14 Katelan Court			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Peter Petrocelli			Treasurer Name Peter Petrocelli		
Street Address 22 Westwood Road			Street Address 22 Westwood Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Michael R. Calise			Director Name Robert L. Calise		
Street Address 64 Claudia Drive			Street Address 46 Connors Farm Drive		
City Cranston	State RI	Zip 02921	City Smithfield	State RI	Zip 02917
Director Name Michael R. Calise			Director Name Richard Sullivan		
Street Address 14 Katelan Court			Street Address 144 Westminster Street		
City Cranston	State RI	Zip 02921	City Providence	State RI	Zip 02903
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	Common	No Par Voting
			1000	Common	No Par Non-Voting

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
MAR 16 2016

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

Peter Petrocelli

Print or Type Name of Authorized Representative

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