



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 486032		2. Exact name of the Corporation Batista Bakery & Pasteries, Inc.												
3. Principal Office Address 75 Franklin Street			City Bristol	State RI	Zip 02809									
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Bakery												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Manuel B. Enes			Vice-President Name Alexandre B. Enes											
Street Address 32 Sullivan Lane			Street Address 13 Leila Jean Drive											
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809									
Secretary Name Alexandre B. Enes			Treasurer Name Manuel B. Enes											
Street Address 13 Leila Jean Drive			Street Address 32 Sullivan Lane											
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
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									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>400</td> <td>Common</td> <td>\$1.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	400	Common	\$1.00			
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400	Common	\$1.00												
11. 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.														
Name of Authorized Representative Manuel B. Enes				Date										
Signature of Authorized Representative:														

SIGN DOCUMENT HERE **FILED**

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 27 2017

By **2681 A.A.**