RI SOS Filing Number: 201737214810 Date: 3/1/2017 4:00:00 PM



Corporation

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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Annual Report for the year:	2017

FOR

**STAMP** 

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

1. Entity ID Number	2. Exact nar	ne of the Corporation	on	-				
54762		Three Flags Bakery, Inc.						
3. Principal Office Address	<u>.</u> <u>.1</u>	<del>.</del>	City	-	State	Zip		
1255 Broad St	pad St			<b>;</b>	RI	02863		
4. NAICS Code	6. Brief desc	cription of the chara	cter of business co	nducted in Rhode	Island			
72 - Accommodation and Fo		d operate a baker						
5. State of Incorporation			, .					
RI								
7. List ALL officers (names and	addresses)			Chec	k the box to in	dicate an attachment		
President Name Eduarda G. Co	orreia	·	Vice-President I	Vice-President Name None				
Street Address 1255 Broad St			Street Address					
<sup>City</sup> Central Falls	State RI	<sup>Zip</sup> 02863	City	City		Zip		
Secretary Name Eduarda G. Co	rreia	<u> </u>	Treasurer Name	Eduarda G. Cori	eia			
Street Address 1255 Broad St			Street Address	Street Address 1255 Broad St				
City Central Falls	State RI	<sup>Zip</sup> 02863	City Central F	alls State R		<sup>Zip</sup> 02863		
8. List ALL directors (names an Director Name			Director Name	Checl	the box to inc	dicate an attachment		
Eduarda G. Cori	reia —		Director Name	lone				
Street Address 1255 Broad St			Street Address					
City Central Falls	State RI	<sup>Zip</sup> 02863	City		State	Zip		
Director Name None		•	Director Name	one				
Street Address		Street Address						
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	ued	Check	the box to ind	licate an attachment		
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE		
		200		Common		No Par Value		
Changes require an additional fili	ing.							
11. This report must be execute	d on behalf of the	corporation by an a	authorized represe	ntative. If the corpo	oration is in the	e hands of a receiver or		
rustee, this report must be execution Under penalty of perjury, I dec	<u>cuted on behalf of</u>	the corporation by	the receiver or trus	stee.				
statements, and that all stater	<u>ments contained</u>	herein are true an	ea mis report, inc d correct.	iluding any accol	npanying sch	edules and		
Name of Authorized Representa	ative			1 766-1	Date			
Eduarda G. Correia				E				
Signature of Authorized Represe	entative	SIGN DOC	UMENT HER	E W.	LED			
- C. C.	· www.			TAR E	7 / 200			
AIL TO: ivision of Business Services				9xd) 10-	רוווי> ב			
vision of business services								
148 W. River Street, Providence, Rho hone: (401) 222-3040	ode Island 02904-26	15		y ay	1192			

Phone: (401) 222-3040 Website: www.sos.ri.gov