



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

STAMP

FOR

→ 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 54762		2. Exact name of the Corporation Three Flags Bakery, Inc.			
3. Principal Office Address 1255 Broad St			City Central Falls	State RI	Zip 02863
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island To own and operate a bakery.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eduarda G. Correia			Vice-President Name None		
Street Address 1255 Broad St			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name Eduarda G. Correia			Treasurer Name Eduarda G. Correia		
Street Address 1255 Broad St			Street Address 1255 Broad St		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Eduarda G. Correia			Director Name None		
Street Address 1255 Broad St			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Eduarda G. Correia					Date
Signature of Authorized Representative <i>Eduarda G. Correia</i>					
SIGN DOCUMENT HERE					