



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

1. Entity ID Number 000486032		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 445291		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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			400		Common
					ST PAR VALUE
					\$400.00
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. <i>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.</i>					
Name of Authorized Representative Manuel B. Enes					Date
Signature of Authorized Representative <i>X</i>					FILED SIGN DOCUMENT HERE FEB 09 2018 KL 323923 3.35

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