State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
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FEB 26 2018
BY 13567

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.

1. Entity ID Number	2. Exact name of the Corporation
000102574	**Bachini Bakery, Inc.**

3. Principal Office Address	City	State	Zip
354 York Ave.	**Pawtucket**	**RI**	**02861**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
311811	**General bakery business, the sale of the same.**
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Charles M. Bachini, Jr.	**345 York Avenue**	**Pawtucket**	**RI**	**02861**

Vice-President Name	Street Address	City	State	Zip
Sandra Bachini Gaboriault	**357 York Avenue**	**Pawtucket**	**RI**	**02861**

Secretary Name	Street Address	City	State	Zip
John C. Bachini	**351 York Avenue**	**Pawtucket**	**RI**	**02861**

Treasurer Name	Street Address	City	State	Zip
Sandra Bachini Gaboriault	**357 York Avenue**	**Pawtucket**	**RI**	**02861**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Charles Bachini, Jr.	**345 York Avenue**	**Pawtucket**	**RI**	**02861**

Director Name	Street Address	City	State	Zip
Sandra Bachini Gaboriault	**357 York Avenue**	**Pawtucket**	**RI**	**02861**

Director Name	Street Address	City	State	Zip
John C. Bachini	**351 York Avenue**	**Pawtucket**	**RI**	**02861**

Director Name	Street Address	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**Common**	**No 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	Date
Sandra Bachini Gaboriault	Feb. 12, 2018

Signature of Authorized Representative: Sandra Bachini Gaboriault *SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017