RI SOS Filing Number: 201859308330 Date: 2/26/2018 4:00:00 PM

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

1 Entity ID Number	2. Exact name of the Corporation		
000505689	NUEVA SAN SALVADOR BAKERY INC		
3 Principal Office Address	City	State	Zip
1085 CHALSKTONE AVENUE	PROVIDENCE	RI	02908
4 NAICS Code 722515	6 Brief description of the character of business conducted in Rhode Island		
5 State of Incorporation	BAKERY		
RHODE ISLAND			

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

President Name			Vice-President Name		
BERGELINA MEDINA			BERGELINA MEDINA		
Street Address			Street Address		
248 SOUTH MAIN STREET			248 SOUTH MAIN STREET		
City	State	Zip	City	State	Zip
ATTLEBORO	MA	02703	ATTLEBORO	MA	02703
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	500	STK	0.010
Changes require an additional filing.			

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
BERGELINA MEDINA	02/09/2018

Signature of Authorized Representative: Bergelina Medina

FILED
FEB 26 2018
BY 133105

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