

AMENDED RETURN



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2018 MAR -1 PM 1:33

1. Entity ID Number 000055354		2. Exact name of the Corporation ARNOLD W. BUONO COMPANIES, INC.			
3. Principal Office Address 559 Hartford Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 311812		6. Brief description of the character of business conducted in Rhode Island Baked goods, breads and pastries			
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 Janice A. Buono			Vice-President Name Janice A. Buono		
Street Address 156 Widow Sweets Road			Street Address 156 Widow Sweets Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Frank M. Buono			Treasurer Name James J. Amadio		
Street Address 84 Myrtle Avenue			Street Address 154 Ashley Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Janice A. Buono			Director Name Giovanni James Buono		
Street Address 156 Widow Sweets Road			Street Address 156 Widow Sweets Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			900	Common	No Par
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 Janice A. Buono					Date 2-22-18
Signature of Authorized Representative 					FILED

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

MAR 01 2018

BY

FORM 630 - Revised: 10/2017