AMENDED RETURN



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

2018 MAR - 1 PH 1: 33

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

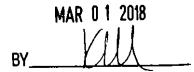
1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
000055354	ARNOLE	ARNOLD W. BUONO COMPANIES, INC.					
3. Principal Office Address			City		State	Zip	
559 Hartford Avenue			Providence	•	RI	02909	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
311812	Baked goo	Baked goods, breads and pastries					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names an	d addresses)				the box to it	ndicate an attachment 🔲	
President Name Janice A. Buc	Vice-President Name Janice A. Buono						
Street Address 156 Widow Sw	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 a	nd addresses)			Check	the box to i	ndicate an attachment	
Director Name Janice A. Buono			Director Name Giovanni James Buono				
Street Address 156 Widow Sw	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				
Cih.	Ictoba	17.0	Cibr		State	Zıp	
City	State	Zıp	City		State	ξ.ip	
9. Shares Authorized	10. Shares Iss					ox to indicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filling.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		900		Common		No Par	
11. This report must be execu					oration is in	the hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I of					npanving s	chedules and	
statements, and that all stat					<u></u>		
Name of Authorized Represer					Date		
Janice A. Buono			1	:33 pm) みー.	22-18	
Signature of Authorized Repre	<i>7</i>	5 1/2 5 17 (2	CUMENT HE				
Janier G. E	rego		C 24175 18 (+ 1)	<u>ILCU </u>		- <u></u>	

MAIL#O:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov



FORM 630 - Revised: 10/2017