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

Annual Report for the year: *2018*
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company
00022857	BREAD UNLIMITED LLC

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
72 445291	ENGAGE IN THE Operation of Wholesale + Retail Bakeries
5. State of Formation RI	

6. Principal Office Address	City	State	Zip
11 NEWARK ST	PROVIDENCE	RI	02921

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name RICHARD J MACERA	Contact Title MEMBER

Street Address 140 ALPINE ESTATES DR.	City CRANSTON	State RI	Zip 02921

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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 Person RICHARD MACERA	Date 1/9/19
Signature of Authorized Person	

FILED ←

JAN 09 2019   11:25

BY *CU KDQOC*

FORM 632 - Revised: 10/2017