



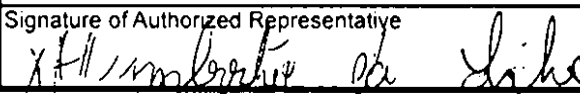
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 SECRETARY OF STATE
 CORPORATIONS DIV

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1. Entity ID Number 000124598		2. Exact name of the Corporation DaSilva Baking Company, Inc.			
3. Principal Office Address 546 Smithfield Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 445291	6. Brief description of the character of business conducted in Rhode Island Bakery				
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 Humberto DaSilva			Vice-President Name		
Street Address 546 Smithfield Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Humberto DaSilva			Treasurer Name Humberto DaSilva		
Street Address 546 Smithfield Avenue			Street Address 546 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 Humberto DaSilva					Date
Signature of Authorized Representative 					

OR DOCUMENT HERE

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

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FORM 630 - Revised: 10/2017

BY Da 62/25