State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 11 AM 8:37

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.

1. Entity ID Number	2. Exact name of the Corporation
000486032	Batista Bakery & Pasteries, Inc.

3. Principal Office Address	City	State	Zip
75 Franklin Street	Bristol	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445291	Bakery
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Alexandre B. Enes	Teresa B. Enes
Street Address: 13 Leila Jean Drive	Street Address: 32 Sullivan Lane
City: Bristol, State: RI, Zip: 02809	City: Bristol, State: RI, Zip: 02809
Secretary Name: Alexandre B. Enes	Treasurer Name: Alexandre B. Enes
Street Address: 13 Leila Jean Drive	Street Address: 13 Leila Jean Drive
City: Bristol, State: RI, Zip: 02809	City: Bristol, State: RI, Zip: 02809

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	Common	$400.00

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
Alexandre B. Enes	01/18/19

Signature of Authorized Representative: X [signature]

SIGN DOCUMENT HERE

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BY Cw 62425

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

FORM 630 - Revised: 10/2017