



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.

FILED

FEB 22 2019 P

BY

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OK

1. Entity ID Number 000109163		2. Exact name of the Corporation Totally Baked, Inc.			
3. Principal Office Address 107 Franklin Street			City Westerly	State RI	Zip 02891
4. NAICS Code 722515		6. Brief description of the character of business conducted in Rhode Island To own and operate a donut and coffee shop.			
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 Everett Blanchard			Vice-President Name Kelly M. Blanchard		
Street Address 18 Cronin Avenue			Street Address 18 Cronin Avenue		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
Secretary Name Kelly M. Blanchard			Treasurer Name Everett Blanchard		
Street Address 18 Cronin Avenue			Street Address 18 Cronin Avenue		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Everett Blanchard			Director Name Kelly M. Blanchard		
Street Address 18 Cronin Avenue			Street Address 18 Cronin Avenue		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
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 100	CLASS/SERIES Common	PAR VALUE None
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 Everett Blanchard, President				Date 2.18.19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov