



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
 Corporation

2019 MAR 26 PH 1:34

- 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 000119256		2. Exact name of the Corporation PAWTUCKET VILLAGE BAKERS, LTD	
3. Principal Office Address 2166 Broad St		City Cranston	State RJ
		Zip 02905	
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island Coffee shop / bakery		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jeffrey R. St. Germain		Vice-President Name MATTHEW D ST GERMAIN	
Street Address 72 Benedict RD		Street Address 72 Benedict rd	
City WARWICK	State RI	Zip 02884	City WARWICK
			State RI
			Zip 02888
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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.		NUMBR OF SHARES	CLASS/STIES
		PAR VALUE	
		1000	STIL
			0.00
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 Jeffrey R. St. Germain			Date 3/26/19
Signature of Authorized Representative 			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

MAR 26 2019 1:34

BY CA 24185