



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

Annual Report for the year: **2019**
 Corporation

AMENDED RETURN CORPORATION

2019 MAY 16 AM 9:32

- 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 000055354		2. Exact name of the Corporation ARNOLD W. BUONO COMPANIES, INC.			
3. Principal Office Address 559 Hartford Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 311812		6. Brief description of the character of business conducted in Rhode Island Baked goods, breads and pastries			
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 Janice A. Buono			Vice-President Name Janice A. Buono		
Street Address 49 Midvale Street			Street Address 49 Midvale Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Frank M. Buono			Treasurer Name James J. Amadio		
Street Address 84 Myrtle Avenue			Street Address 154 Ashley Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Janice A. Buono			Director Name Giovanni James Buono		
Street Address 49 Midvale Street			Street Address 49 Midvale Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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/SL/MLS	PAR VALUE
			900	Common	No Par
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 Janice A. Buono				Date 3-5-19	
Signature of Authorized Representative <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FILED</div>					

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 16, 2019 09:32 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

