RI SOS Filing Number: 202033429050 Date: 1/30/2020 4:00:00 PM

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State of Rhode Island and Providence Plantations

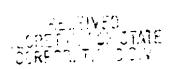
Department of State - Business Services Division

Annual Report for the year:	2020
Corporation	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1



2020 JTH CO PH 2: 27

Penalty: Additional \$25.00 f Entity ID Number		<u> </u>			. <u></u>	·		
000122787	2. Exact name of the Corporation True Bagels, Inc.							
Principal Office Address			City		State	Zip		
2 Williams Street			Providence		RI	02903		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
722513	To own and operate a baking facility for the sale of bagels and other baked goods on and off							
5. State of Incorporation	premises							
Rhode Island								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Richard j. Weis			Vice-President Name N/A					
Street Address 21 Whit's End R	Whit's End Road			Street Address				
City Concord	State MA	Zip 01742	City	·· -	State	Zip		
	ecretary Name Richard J. Weis			Treasurer Name Richard J. Weis				
Street Address Same	Street Address Same			Street Address Same				
City	State	Zip	City		State	Zip		
List ALL directors (names and a	ddresses)			Check t	he box to ir	ndicate an attachment 🔲		
Director Name N/A	Director Name N/A			Director Name N/A				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name N/A			Director Name N/A					
Street Address			Street Address					
City	State	Zıp	City	· —. »	State	Zıp		
9. Shares Authorized	<u>-</u>	10. Shares Issu	ed	Check the box to indicate an attachme		ndicate an attachment 🔲		
This information is currently of reco	ord in the	NUMBER OF	SHARES	C_ASS/SER'ES	ASS/SERIES PAR VALUE			
· ·		100		Common		\$.01		
Changes require an additional filing	anges require an additional filing.							
11. This report must be executed of	on behalf of the	corporation by an au	thorized represe	entative. If the corpor	ation is in t	he hands of a receiver or		
trustee, this report must be execut Under penalty of periury I decla	ed on behalf of	the corporation by the	ne receiver or tru	stee.	nanyina c	hodules and		
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								
RICHARD T WEIS 1/23/20								
Signature of Authorized Representative SIGN DELET RE								
MAIL TO:								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov JAN 30 2020 BY Ch CK 817

FORM 630 - Revisod: 10/2017

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