



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.

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 DEPARTMENT OF STATE
 SECRETARY'S OFFICE

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1. Entity ID Number 000122787		2. Exact name of the Corporation True Bagels, Inc.			
3. Principal Office Address 2 Williams Street			City Providence	State RI	Zip 02903
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island To own and operate a baking facility for the sale of bagels and other baked goods on and off premises				
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 Richard J. Weis			Vice-President Name N/A		
Street Address 21 Whit's End Road			Street Address		
City Concord	State MA	Zip 01742	City	State	Zip
Secretary Name Richard J. Weis			Treasurer Name Richard J. Weis		
Street Address Same			Street Address Same		
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 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	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE \$0.01	
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 RICHARD J WEIS					Date 1/23/20
Signature of Authorized Representative <i>Richard J. Weis</i>					SIGN DOCUMENT HERE 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

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FORM 630 - Revised: 10/2017

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