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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 FEB 25 A 10:02

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.

1. Entity ID Number 000054762		2. Exact name of the Corporation THREE FLAGS BAKERY, INC.			
3. Principal Office Address 1255 Broad Street		City Central Falls		State RI	Zip 02863
4. NAICS Code 311811		6. Brief description of the character of business conducted in Rhode Island to own an operate a 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 Eduarda G. Correia			Vice President Name None		
Street Address 1255 Broad Stree			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name Eduarda G. Correia			Treasurer Name Eduarda G. Correia		
Street Address 1255 Broad Street			Street Address 1255 Broad Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Eduarda G. Correia			Director Name None		
Street Address 1255 Broad Street			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Director Name None			Director Name None		
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/SERIES
			200		Common
					PAR VALUE
					No Par Value
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. <i>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.</i>					
Name of Authorized Representative Eduarda G. Correia				Date 1-22-20	
Signature of Authorized Representative <i>Eduarda G. Correia</i>					