



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.

FILED

MAR 13 2020

BY

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1. Entity ID Number 000161762		2. Exact name of the Corporation THE ORGINAL ITALIAN BAKERY, INC			
3. Principal Office Address 915 ATWOOD AVENUE			City JOHNSTON	State RI	Zip 0299
4. NAICS Code 445291	6. Brief description of the character of business conducted in Rhode Island MANUFACTURING AND RETAIL SALE OF BAKERY AND BREAD PRODUCTS				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALICIA MCARTHUR			Vice-President Name DONALD DEPETRILLO		
Street Address 3 GRAY COACH LANE #313			Street Address 3 GRAY COACH LANE #313		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name ALICIA MCARTHUR			Treasurer Name DONALD DEPETRILLO		
Street Address 3 GRAY COACH LANE #313			Street Address 3 GRAY COACH LANE #313		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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	PAR VALUE
		0		COMMON	\$.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. <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 <i>Donald Depetrillo</i>				Date 3/10/20	
Signature of Authorized Representative <i>Donald Depetrillo</i>				DOCUMENT HERE	