RI SOS Filing Number: 202036424980 Date: 3/16/2020 4:00:00 PM



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

SECRETAR CORPORA	CEIVED RY OF STATE TIOKS DIV
2020 MAR 16	PM 2: 28

1 Entity ID Number 000102574		2. Exact name of the Corporation  Bachini Bakery, Inc.						
3. Principal Office Address 354 York Ave.		City Pawtucket		State RI	Z <sub>I</sub> p <b>02861</b>			
4. NAICS Code 311811 5. State of Incorporation Rhode Island		iption of the charactery business, the		conducted in Rhode ne.	Island	•		
7. List ALL officers (names a				Check t Name	k the box to in	dicate an attachment [		
Charles M. Bachini, Jr.  Street Address 345 York Avenue			Vice-President Name Sandra Bachini Gaboriault Street Address 357 York Avenue					
City Pawtucket	State RI	<sup>Zip</sup> 02861	City Pawtucket		State RI	<sup>Zip</sup> 02861		
Secretary Name John C. Bac		<b>L</b>		Treasurer Name Sandra Bachini Gaboriault				
Street Address 351 York Ave			Street Address	s 357 York Avenue				
City Pawtucket	State RI	<sup>Zıp</sup> 02861	City Pawtucket S		State RI	<sup>Zıp</sup> <b>02861</b>		
8. List ALL directors (names Director Name Charles M. Ba	achini, Jr.		Director Name	Sandra Bachini G	aboriault	ndicate an attachment [		
Street Address 345 York Ave				s 357 York Avenue				
Pawtucket	State RI	<sup>Zip</sup> <b>02861</b>	City Pawtucket		State RI	<sup>Zip</sup> <b>02861</b>		
Director Name  John C. Bachini  Street Address		Director Name Street Address						
Street Address 351 York Ave		Trans.		. <u>.</u>				
City Pawtucket	State RI	<sup>Zip</sup> 02861	City		State	Zip		
9 Shares Authorized This information is currently o	of second in the	10. Shares Is:		Checl		idicate an attachment [		
Department of State.		NUMBER OF SHARES		Common		No Par Value		
Changes require an additiona								
<ol> <li>This report must be executed the second must be experienced.</li> <li>The second must be executed the second must be executed</li></ol>	executed on behalf of declare and affirm t	the corporation by hat I have examin	the receiver or tr	rustee				
Name of Authorized Repression of Authorized Repression Signature of Authorized Rep	entative A CM (N) 6 a resentative .	boriana		FILED	Dala	5,2020		
Sanda /	acheni,	proud	ENTENI DEKE	MAR 1 6 2020				

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

Phone: (401) 222-3040 Website: www.sos.ri gov 2:28