



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 119557		2. Name of Corporation Guatemala Bakery Inc.			
3. Street Address Principal Business Office 241 UNION AVE.			City PROVIDENCE	State RI	Zip 02909
4. Business Phone No. (401) 464-4555		5. State of Incorporation RHODE ISLAND		6. SIC Code 612	
7. Brief Description of the Character of Business Conducted in Rhode Island BAKERY, RETAIL					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CARLOS GOMEZ			Vice President Name WILLIE GOMEZ		
Street Address 191 NARRAGANSETT AVE.			Street Address 134 DOECHESTEE AVE.		
City PROV.	State RI	Zip 02907	City PROV.	State RI	Zip 02909
Secretary Name WILLIE GOMEZ			Treasurer Name CARLOS GOMEZ		
Street Address 134 DOECHESTEE AVE.			Street Address 191 NARRAGANSETT AVE.		
City PROV.	State RI	Zip 02909	City PROV.	State RI	Zip 02907
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 1-18-05
Check No. 919
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 1-15-05
Print or Type Name of Officer
CARLOS E GOMEZ
Title of Officer
President.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 119557		2. Name of Corporation Guatemala Bakery Inc.			
3. Street Address Principal Business Office 241. UNION AV.			City PROVIDENCE	State RI	Zip 02909
4. Business Phone No (401) 464 4555		5. State of Incorporation RHODE ISLAND		6. SIC Code 612	
7. Brief Description of the Character of Business Conducted in Rhode Island BAKERY, RETAIL					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CARLOS GOMEZ			Vice President Name WILLI GOMEZ		
Street Address 191 NARRAGANSETT AVE			Street Address 134 DORCHESTER AVE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02909
Secretary Name WILLI GOMEZ			Treasurer Name CARLOS GOMEZ		
Street Address 134 DORCHESTER AVE			Street Address 191 NARRAGANSETT AVE		
City PROV.	State 02909	Zip RI	City PROV.	State RI	Zip 02909
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 5 5 7 *

File Date 1-21-04
Check No. 520
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

*RE Lic
2140226*

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.

Signature of Officer [Signature] Date 1-16-04
Print or Type Name of Officer CARLOS E GOMEZ
Title of Officer President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **119557**
2. Name of Corporation **Guatemala Bakery Inc.**
3. Street Address Principal Business Office
241 UNION AVE.
4. Business Phone No. **(401) 4644555**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL BAKERY

City **PROVIDENCE** State **R.I.** Zip **02909**
6. SIC Code **612**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **CARLOS GOMEZ**
Street Address **189 NARRAGANSETT AVE.**
City **PROVIDENCE** State **R.I.** Zip **02907**
Secretary Name **WILLI GOMEZ**
Street Address **134 DOECHESTER AVE**
City **PROVIDENCE** State **R.I.** Zip **02909**

Vice President Name **WILLI GOMEZ**
Street Address **134 DOECHESTER AVE**
City **PROVIDENCE** State **R.I.** Zip **02909**
Treasurer Name **CARLOS GOMEZ**
Street Address **189 NARRAGANSETT AVE**
City **PROVIDENCE** State **R.I.** Zip **02909**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **NONE**
Street Address
City State Zip

Director Name **NONE**
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 5 5 7 *

File Date: **1-21-03**
Check No.: **1705**
By: **UP**

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.

Signature of Officer **[Signature]** Date **1-16-03**
Print or Type Name of Officer **CARLOS E GOMEZ**
Title of Officer **PRESIDENT**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119557 2. Name of Corporation GUATEMALA BAKERY INC
3. Street Address Principal Business Office 241 UNION AVE City PROVIDENCE State RI Zip 02909
4. Business Phone No. (401) 464 4555 5. State of Incorporation Rhode Island 6. SIC Code 0612
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>CARLOS GOMEZ</u>	Vice President Name <u>WILLI GOMEZ</u>
Street Address <u>189 NARRAGANSETT AVE</u>	Street Address <u>134 DORCHESTER AVE</u>
City <u>PROV.</u> State <u>RI</u> Zip <u>02907</u>	City <u>PROV.</u> State <u>RI</u> Zip <u>02909</u>
Secretary Name <u>WILLI GOMEZ</u>	Treasurer Name <u>CARLOS GOMEZ</u>
Street Address <u>134 DORCHESTER AVE</u>	Street Address <u>189 NARRAGANSETT AVE</u>
City <u>PROV</u> State <u>RI</u> Zip <u>02909</u>	City <u>PROV</u> State <u>RI</u> Zip <u>02909</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>100</u>	<u>NO PAR</u>	<u>VALUE</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>NONE</u>		

REC'D
 MAR 26 10 20 AM '02
 STATE OF RHODE ISLAND
 SECRETARY OF STATE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
 File Date: MAR 26 2002
 Check No.: _____
 By: Amk
283375
 FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 3-26-02
 Print or Type Name of Officer: CARLOS E GOMEZ
 Title of Officer: TREASURER



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 11955#7 2. Name of Corporation GUATEMALA Bakery inc.
3. Street Address Principal Business Office 241 UNION AVE. City PROVIDENCE State RI Zip 02909
4. Business Phone No. (401) 4644555 5. State of Incorporation RHODE ISLAND 6. SIC Code 0612
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>CARLOS GOMEZ</u> Street Address <u>189 NARRAGANSETT AVE.</u> City <u>PROV.</u> State <u>RI</u> Zip <u>02907</u>	Vice President Name <u>WILLI GOMEZ</u> Street Address <u>134 DORCHESTER AVE</u> City <u>PROV.</u> State <u>RI</u> Zip <u>02909</u>
Secretary Name <u>WILLI GOMEZ</u> Street Address <u>134 DORCHESTER AVE</u> City <u>PROV.</u> State <u>RI</u> Zip <u>02909</u>	Treasurer Name <u>CARLOS GOMEZ</u> Street Address <u>189 NARRAGANSETT AVE</u> City <u>PROV.</u> State <u>RI</u> Zip <u>02909</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

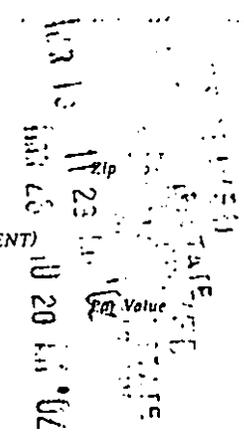
Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>100</u>	<u>NO PAR</u>	<u>VALUC.</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>NONE</u>		



This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: _____

Signature of Officer [Signature] Date 1-6-02

Check No.: _____ MAR 26 2002

Print or Type Name of Officer CARLOS E GOMEZ

By: _____ AMP
FOR SECRETARY OF STATE USE ONLY 283375

Title of Officer TREASURER.
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