RI SOS Filing Number: 202043711800 Date: 6/29/2020 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
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
JUN 26 2020
031 05
BY

1. Entity ID Number	2. Exact name of the Corporation
000505689	NUEVA SAN SALVADOR BAKERY INC

3. Principal Office Address	City	State	Zip
1075 CHALSKTONE AVENUE	PROVIDENCE	RI	02905

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722515	BAKERY
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
BERGELINA MEDIAN	BERGELINA MEDINA
Street Address: 248 SOUTH MAIN STREET	Street Address: 248 SOUTH MAIN STREET
City: ATTLEBORO, State: MA, Zip: 02703	City: ATTLEBORO, State: MA, Zip: 02703
Secretary Name	Treasurer Name
Street Address	Street Address
City, State, Zip	City, State, Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	STK	0.001

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	Date
BERGELINA MEDINA	06/06/2020

Signature of Authorized Representative: Bergelina Medina — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017