RI SOS Filing Number: 202192058360 Date: 2/18/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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FILED FOR FEB 18 2021 FOR

BY BY 3419 05

Annual Report for the year: 2021

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	2. Exact name of the Corporation
122549	BAKERY KITCHEN, INC.

3. Principal Office Address	City	State	Zip
422 Warwick Avenue			

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
333241	Management of companies and enterprises.
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
Christopher D. DiFanti	None
Street Address: 20161 Ocean Key Drive	Street Address:
City: Boca Raton, State: FL, Zip: 33498	City, State, Zip:
Secretary Name: Christopher D. DiFanti	Treasurer Name: Christopher D. DiFanti
Street Address: 20161 Ocean Key Drive	Street Address: 20161 Ocean Key Drive
City: Boca Raton, State: FL, Zip: 33498	City: Boca Raton, State: FL, Zip: 33498

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

Director Name	Director Name
Christopher D. DiFanti	
Street Address: 20161 Ocean Key Drive	Street Address:
City: Boca Raton, State: FL, Zip: 33498	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
100	Common	No Par

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
Christopher D. DiFanti, President	

Signature of Authorized Representative

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