



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2021**  
Limited Liability Company

- Filing period: September 1 - November 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>001677216</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>DOLCE e PANE, LLC</b>                              |                                |                         |                     |
| 3. NAICS Code<br><b>445291</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>COMMERCIAL BAKERY</b> |                                |                         |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                         |                                |                         |                     |
| 6. Principal Office Address<br><b>725 BRANCH AVENUE, SUITE 118</b>                                                                                                                                          |       |                                                                                                         | City<br><b>PROVIDENCE</b>      | State<br><b>RI</b>      | Zip<br><b>02904</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                         |                                |                         |                     |
| Contact Name <b>MELISSA L. DIGREGORIO</b>                                                                                                                                                                   |       |                                                                                                         | Contact Title <b>PRESIDENT</b> |                         |                     |
| Street Address <b>725 BRANCH AVENUE, SUITE 118</b>                                                                                                                                                          |       |                                                                                                         | City <b>PROVIDENCE</b>         | State <b>RI</b>         | Zip <b>02904</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                         |                                |                         |                     |
| Manager Name                                                                                                                                                                                                |       |                                                                                                         | Manager Name                   |                         |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                         | Street Address                 |                         |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                     | City                           | State                   | Zip                 |
| Manager Name                                                                                                                                                                                                |       |                                                                                                         | Manager Name                   |                         |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                         | Street Address                 |                         |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                     | City                           | State                   | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                         |                                |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                         |                                |                         |                     |
| <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 Person<br><b>MELISSA L. DIGREGORIO</b>                                                                                                                                                   |       |                                                                                                         |                                | Date<br><b>10/28/21</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                         |                                | SIGN DOCUMENT HERE      |                     |

MAIL TO:

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