



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# **PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>1682583</b>		2. Exact name of the Corporation <b>Anthony Bakery Inc.</b>	
3. Principal office address <b>805 Charles Street</b>		City <b>Providence</b>	State <b>RI</b>
4. Business Phone No. <b>861-7995</b>		Zip <b>02904</b>	
5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Bakery</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (CHECK BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <b>Anthony Borrelli</b>		Vice-President Name <b>Anthony Borrelli</b>	
Street Address <b>805 Charles Street</b>		Street Address <b>805 Charles Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Secretary Name <b>Anthony Borrelli</b>		Treasurer Name <b>Anthony Borrelli</b>	
Street Address <b>805 Charles Street</b>		Street Address <b>805 Charles Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (CHECK BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name <b>Anthony Borrelli</b>		Director Name	
Street Address <b>805 Charles Street</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02904</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED (CHECK BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		None	

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.

File Date

Check No

By:

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 Authorized Representative

Date

**Anthony Borrelli**

Print or Type Name of Authorized Representative

FILED  
 FEB 09 2023  
 BY **505**