



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. 1682583		2. Exact name of the Corporation Anthony Bakery Inc.		
3. Principal office address 805 Charles Street		City Providence	State RI	Zip 02904
4. Business Phone No. 861-7995		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Bakery				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) <input type="checkbox"/>				
President Name Anthony Borrelli		Vice-President Name Anthony Borrelli		
Street Address 805 Charles Street		Street Address 805 Charles Street		
City Providence	State RI	Zip 02904	City Providence	State RI
Secretary Name Anthony Borrelli		Treasurer Name Anthony Borrelli		
Street Address 805 Charles Street		Street Address 805 Charles Street		
City Providence	State RI	Zip 02904	City Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) <input type="checkbox"/>				
Director Name Anthony Borrelli		Director Name		
Street Address 805 Charles Street		Street Address		
City Providence	State RI	Zip 02904	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED <input 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	PAR VALUE
		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 [Signature]