RI SOS Filing Number: 202329817590 Date: 2/28/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FILED
FEB 28 2023
BY 30584

STAMP
FOR SECRETARY OF STATE USE ONLY

1 Entity ID Number	2 Exact name of the Corporation			
9648	D. Palmieri's Bakery, Inc.			
3 Principal Office Address		City	State	Zip
642 Killingly Street		Johnston	RI	02919
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
722515	Bakery			
5 State of Incorporation				
RI				

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

President Name: Stephen D. Palmieri			Vice-President Name: Stephen D. Palmieri		
Street Address: 115 Merchant Street			Street Address: 115 Merchant Street		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904
Secretary Name: Stephen D. Palmieri			Treasurer Name: Stephen D. Palmieri		
Street Address: 115 Merchant Street			Street Address: 115 Merchant Street		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904

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 ☐

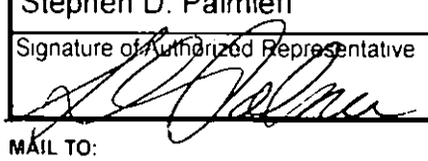
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
60	Class A Voting	No Par Value
540	Cl. B Non-Votin	No Par Value

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
Stephen D. Palmieri	2-11-23

Signature of Authorized Representative



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: 11/2021