



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

STAMP

FEB 28 2023

PC-4  
SECRETARY OF STATE  
USE ONLY

BY

30584

1 Entity ID Number 9648		2 Exact name of the Corporation D. Palmieri's Bakery, Inc.					
3 Principal Office Address 642 Killingly Street		City Johnston		State RI	Zip 02919		
4 NAICS Code 722515		6 Brief description of the character of business conducted in Rhode Island Bakery					
5 State of Incorporation RI							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
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 <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>							
This information is currently of record in the Department of State.  Changes require an additional filing.			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 Stephen D. Palmieri					Date 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