RI SOS Filing Number: 202330291080 Date: 3/8/2023 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

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→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					STATE			
1. Entity ID Number 000055354		2. Exact name of the Corporation Arnold W. Buono Companies, Inc.				2023 MAR -8 A 11: 44		
3. Principal Office Address 559 Hartford Avenue		City Providen	ice	State	Z <sub>IP</sub> 02909			
4. NAICS Code	6. Brief desci	6. Brief description of the character of business conducted in Rhode Island						
311812	Baked go	Baked goods, breads and pastries						
5. State of Incorporation  Rhode Island								
7. List ALL officers (names a	and addresses)		· · · · · · · · · · · · · · · · · · ·		the box to in	ndicate an attachment 🔲		
President Name Janice A. Buono			Vice-President Name Janice A. Buono					
Street Address 49 Midvale Street			Street Address 49 Midvale Street					
<sup>City</sup> Cranston	State RI	<sup>Z<sub>ip</sub></sup> 02920	City Cranston		State RI	<sup>Zıp</sup> 02920		
Secretary Name Francesco	o Buono		Treasurer Name James J. Amadio					
Street Address 156 Widow Sweets Road			Street Address 154 Ashley Street					
<sup>City</sup> Exeter	State RI	<sup>Zıp</sup> 02822	City Cranston		State RI	<sup>Z<sub>IP</sub></sup> 02910		
8. List ALL directors (names	and addresses)			Check	the box to ir	ndicate an attachment		
Director Name Janice A. Buono			Director Name Giovanni James Buono					
Street Address 49 Midvale Street			Street Address 49 Midvale Street					
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	<sup>City</sup> Cranston		State RI	<sup>Zip</sup> 02920		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
9. Shares Authorized	<del>_</del>	10. Shares Issued		Check CLASS/SERIE	Check the box to indicate an attachment			
This information is currently of record in the Department of State.		900	NUMBER OF SHARES		<u>s</u>	No Par		
Changes require an additional filing.		300	900 Co		NO FAI			
11. This report must be exec	cuted on behalf of the	corporation by an a	uthorized repre	sentative. If the corpo	oration is in t	he hands of a receiver or		
trustee, this report must be e	executed on behalf of	the corporation by t	the receiver or t	rustee				
Under penalty of perjury, I statements, and that all st				including any accon	npanying so	chedules and		
Name of Authorized Repres	entative			<u> </u>	Date	2, 2		
Janice A. Buono			FILED	1144	3 7	- 2023		
Signature of Authorized Rep	oresentat <del>iy</del> e	<b>\</b>	MAD A O A					
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MAIL (19): Division of Business Services		{	BY 1188	34				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov