



State of Rhode Island

Department of State - Business Services Division

FILED

MAY 15 2023

BY 10984 DS

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.

1. Entity ID Number 000161762		2. Exact name of the Corporation THE ORIGINAL ITALIAN BAKERY, INC.			
3. Principal Office Address 915 ATWOOD AVE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 445291		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING AND RETAIL SALE OF BAKERY AND BREAD PRODUCTS			
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 ALICIA MCARTHUR			Vice-President Name DONALD DEPETRILLO		
Street Address 915 ATWOOD AVE			Street Address 915 ATWOOD AVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name ALICIA MCARTHUR			Treasurer Name DONALD DEPETRILLO		
Street Address 915 ATWOOD AVE			Street Address 915 ATWOOD AVE		
City JOHNSTON	State RI	Zip 02919 -	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			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			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			0	COMMON	\$ .01
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. <b>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.</b>					
Name of Authorized Representative DONALD DEPETRILLO				Date 05/12/2023	
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