



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
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 23 2024

BY

1. Entity ID Number 1682583		2. Exact name of the Corporation <i>Anthony's Bakery Inc</i>	
3. Principal Office Address 805 Charles Street		City Providence	State RI
		Zip 02904	
4. NAICS Code 311811	6. Brief description of the character of business conducted in Rhode Island Bakery		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <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	City Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Anthony Borrelli		Treasurer Name Anthony Borrelli	
Street Address 805 Charles Street		Street Address 805 Charles Street	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Anthony Borrelli		Director Name	
Street Address 805 Charles Street		Street Address	
City Providence	State RI	City	State
Zip 02904		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		None	
			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 Anthony Borrelli		Date	
Signature of Authorized Representative <i>Anthony Borrelli</i>			

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: 2/2023