



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

MAR 07 2024

BY 12304
OS

1. Entity ID Number 000055354		2. Exact name of the Corporation Arnold W. Buono Companies, Inc.			
3. Principal Office Address 559 Hartford Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 311812		6. Brief description of the character of business conducted in Rhode Island Baked goods, breads and pastries			
5. State of Incorporation Rhode Island					
Check the box to indicate an attachment <input type="checkbox"/>					
7. List ALL officers (names and addresses)					
President Name Janice A. Buono			Vice-President Name Janice A. Buono		
Street Address 49 Midvale Street			Street Address 49 Midvale Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Francesco Buono			Treasurer Name James J. Amadio		
Street Address 156 Widows Sweet Road			Street Address 154 Ashley Street		
City Exeter	State RI	Zip 02822	City Cranston	State RI	Zip 02920
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
Director Name Janice A. Buono			Director Name Giovanni James Buono		
Street Address 49 Midvale Street			Street Address 49 Midvale Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		900		Common	no par
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 Janice A. Buono					Date 3-4-24
Signature of Authorized Representative <i>Janice A. Buono</i>					

MAIL TO:
Division of Business Services
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