



**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.

REC'D RIDOS BSD  
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1. Entity ID Number 000073110		2. Exact name of the Corporation Luzitania Bakery Inc												
3. Principal Office Address 312 Barton Street			City Pawtucket	State RI	Zip 02860									
3. NAICS Code 445291		4. 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 Alipio A. Silva			Vice-President Name Carlos Marques											
Street Address 5 Armand Dr			Street Address 203 Sisson St											
City North Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860									
Secretary Name Alipio A. Silva			Treasurer Name Carlos Marques											
Street Address 5 Armand Dr			Street Address 203 Sisson St											
City North Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860									
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			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.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>1</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	1			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1000	Common	1												
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 Alipio A. Silva				Date 3-27-24										
FILED														
Signature of Authorized Representative 														

APR 17 2024