



**State of Rhode Island  
Department of State - Business Services Division**

REC'D RIDOS BSS  
24 APR 17 PM 2:23:42

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.

1. Entity ID Number 000073110	2. Exact name of the Corporation Luzitania Bakery Inc
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3. Principal Office Address 312 Barton Street	City Pawtucket	State RI	Zip 02860
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3. NAICS Code 445291	4. Brief description of the character of business conducted in Rhode Island Bakery
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5. State of Incorporation RI
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

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) Check the box to indicate an attachment

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 Check the box to indicate an attachment

This information is currently of record in the Department of State.  Changes require an additional filing.	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.

**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 Alipio A. Silva	Date 3-27-24
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Signature of Authorized Representative <i>Alipio A. Silva</i>	FILED APR 17 2024
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MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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