



**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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STAMP

1. Entity ID Number <b>001662843</b>		2. Exact name of the Corporation <b>La Artesa Bakery Inc.</b>	
3. Principal Office Address <b>216 Academy Av</b>		City <b>Providence</b>	State <b>R.I.</b>
		Zip <b>02908</b>	
4. NAICS Code <b>311800</b>	6. Brief description of the character of business conducted in Rhode Island <b>Retail and Wholesale Bakery</b>		
5. State of Incorporation <b>R.I.</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Ignacio Aguilar</b>		Vice-President Name <b>Leonardo Aguilar</b>	
Street Address <b>150 Metropolitan Rd.</b>		Street Address <b>150 Metropolitan Rd.</b>	
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02908</b>	City <b>Providence</b>
		State <b>R.I.</b>	Zip <b>02908</b>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
		State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>none</b>		Director Name <b>none</b>	
Street Address		Street Address	
City	State	Zip	City
		State	Zip
Director Name <b>none</b>		Director Name <b>none</b>	
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	
		CLASS/SERIES	
		PAR VALUE	
		<b>0</b>	<b>CWP</b>
			<b>\$0.0100</b>
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 <b>Ignacio Aguilar</b>		FILED <b>1041</b>	Date <b>4-30-2024</b>
Signature of Authorized Representative <b>Ignacio G.</b>		APR 30 2024 <b>2VTJW</b>	

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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