



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.

STAMP
MAY 01 2024
21175-02

1. Entity ID Number 000017243		2. Exact name of the Corporation Pinga Bakery, Inc.			
3. Principal Office Address 30 Newell Street		City West Warwick		State RI	Zip 02893
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island Wholesale and retail 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 Michael J. Pinga			Vice-President Name Michael J. Pinga		
Street Address 30 Newell Street			Street Address 30 Newell Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Michael J. Pinga			Treasurer Name Michael J. Pinga		
Street Address 30 Newell Street			Street Address 30 Newell Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael J. Pinga			Director Name None		
Street Address 30 Newell Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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	
		PAR VALUE			
		100	class A common	no par value	
		900	class B common	no 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 Michael J. Pinga				Date 2024	
Signature of Authorized Representative <i>Michael J. Pinga Pres.</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