



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2024 MAY 22 PM 2:51

1. Entity ID Number 9648		2. Exact name of the Corporation D. Palmieri's Bakery, Inc.			
3. Principal Office Address 624 Killingly Street			City Johnston	State RI	Zip 02919
4. NAICS Code 722515		6. Brief description of the character of business conducted in Rhode Island Bakery			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen D. Palmieri			Vice-President Name Stephen D. Palmieri		
Street Address 115 Merchant Street			Street Address 115 Merchant Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Stephen D. Palmieri			Treasurer Name Stephen D. Palmieri		
Street Address 115 Merchant Street			Street Address 115 Merchant Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE
			60	Class A Voting	no par
			540	Class B non-voting	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 Stephen D. Palmieri					Date 5/26/24
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 22 2024
BY **33360**
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