



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
24 MAY 28 4:10:45 PM '24

1. Entity ID Number 000161762		2. Exact name of the Corporation The Original Italian Bakery, Inc			
3. Principal Office Address 915 Atwood Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 445291		6. Brief description of the character of business conducted in Rhode Island Manufacturing and retail sale of bakery and bread products			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alicia McArthur			Vice-President Name Donald DePetrillo		
Street Address 915 Atwood Avenue			Street Address 915 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Alicia McArthur			Treasurer Name Donald DePetrillo		
Street Address 915 Atwood Avenue			Street Address 915 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		0	Common	.01	
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 Donald DePetrillo				Date 05/28/2024	
Signature of Authorized Representative 				FILED 10416 MAY 28 2024 BY 11053	

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