



**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 RID05 BSD  
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1. Entity ID Number <b>001741958</b>		2. Exact name of the Corporation <b>FERNANDEZ BREAD INC</b>	
3. Principal Office Address <b>89 COOPER AVE APT</b>		City <b>WOONSOCKET</b>	State <b>RI</b>
		Zip <b>02895</b>	
4. NAICS Code <b>492210</b>	6. Brief description of the character of business conducted in Rhode Island <b>DISTRIBUTION AND DELIVERY- TRANSPORTATION</b>		
5. State of Incorporation <b>RHODE ISLAND</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>HIGINIO FERNANDEZ</b>		Vice-President Name	
Street Address <b>89 COOPER AVE APT 2</b>		Street Address	
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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
		<b>100</b>	<b>0</b>
		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. <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>HIGINIO FERNANDEZ</b>		Date <b>10/22/2024</b>	
Signature of Authorized Representative 		<b>FILED</b>	

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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