



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 RIDG05 BSD  
24 OCT 23 PM 2:47:17

1. Entity ID Number 001741958		2. Exact name of the Corporation FERNANDEZ BREAD INC	
3. Principal Office Address 89 COOPER AVE APT		City WOONSOCKET	State RI
		Zip 02895	
4. NAICS Code 492210	6. Brief description of the character of business conducted in Rhode Island DISTRIBUTION AND DELIVERY- TRANSPORTATION		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name HIGINIO FERNANDEZ		Vice-President Name	
Street Address 89 COOPER AVE APT 2		Street Address	
City WOONSOCKET	State RI	Zip 02895	
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/SERIFS	
		100	0
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 HIGINIO FERNANDEZ		Date 10/22/2024	
Signature of Authorized Representative 		FILED	

OCT 23 2024

BY KMCM5 2:49