RI SOS Filing Number: 202565793560 Date: 2/27/2025 4:00:00 PM

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## , State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					20			
1. Enlity ID Number 000055354	2. Exact name of the Corporation Arnold W. Buono Companies, Inc.							
3. Principal Office Address 559 Hartford Avenue			City Provide	ence	State RI	_	Zip 02909	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
311812 5. State of Incorporation	Baked goods, bread and pasteries							
7. List ALL officers (names and add	Iresses)		Transaction	Check the t	ox to indic	cate an att	achment 🔲	
President Name Janice A. Buono				Vice-President Name Janice A. Buono				
Street Address 49 Midvale Avenue				Street Address 49 Midvale Avenue				
<sup>City</sup> Cranston	State RI	<sup>Z<sub>ip</sub></sup> 02920	City Crar		RI	Zip 02920		
Secretary Name Francesco Buono			Treasurer Name James J. Amadio					
Street Address 156 Widows Sweet Road			Street Address 154 Ashley Street					
<sup>City</sup> Exeter	State RI	<sup>Z<sub>rp</sub></sup> 02822	City Cranston		State	રા	<sup>Zip</sup> 02920	
<ol><li>List ALL directors (names and ad</li></ol>	ddresses)			Check the I	oox to indi	cate an att	achment 🔲	
Director Name Janice A. Buono				Director Name Giovanni James Buono				
Street Address 49 Midvale Avenue			Street Address 49 Midvale Avenue					
City Cranston	State RI	<sup>Z<sub>IP</sub></sup> 02920	City Cranston		State	RI	<sup>Zip</sup> 02920	
Director Name	Director Name			ame	•			
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized	10. Shares Issued Check the box to indicate an attachmen							
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	SHARES	commom		no par		
11. This report must be executed o					oration is	in the hand	ds of a re-	
ceiver 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  Date								
Janice A. Buono 2/10/25								
Signature of Authorized Representative FEB 2 0 2025  2814T								
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MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Рһоле: (401) 222-3040 Website: www.sos.ri.gov