AL

, State of Rhode Island

Department of State - Business Services Division

Annual	Report for	the year:	2025	

Corporation

→ Filing period: February 1 - I → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe		09							
1. Entity ID Number	2. Exact name of the Corporation								
000055354	Arnold W	. Buono Coi	mpanies	, Inc.					
3. Principal Office Address 559 Hartford Avenue	City Provide	ence	State RI		Zip 02909				
4. NAICS Code	6. Brief descrip	tion of the charact	er of busines	s conducted in Rhode	sIsland	•	<u> </u>		
311812	Baked goods, bread and pasteries								
5. State of Incorporation					_				
7. List ALL officers (names and add	resses)	·	lu s		box to indica	ate an att	achment 🔲		
President Name Janice A. Buon	Vice-President Name Janice A. Buono								
Street Address 49 Midvale Avenue				Street Address 49 Midvale Avenue					
^{Cily} Cranston	State RI	^{Z_{ip}} 02920	Cranston			રા	Zip 02920		
Secretary Name Francesco Buono				Treasurer Name James J. Amadio					
Street Address 156 Widows Sweet Road			Street Address 154 Ashley Street						
^{City} Exeter	State RI	^{Z₁p} 02822	City Cranston		State R	:1	^{Zip} 02920		
8. List ALL directors (names and ac	idresses)	·			box to indic	ate an att	achment 🔲		
Janice A. Buono				Director Name Giovanni James Buono					
Street Address 49 Midvale Avenue			Street Address 49 Midvale Avenue						
Cranston	State RI	^{Z_{IP}} 02920	City Cranston		State RI		^{Zip} 02920		
Director Name				Director Name					
Street Address	Street Address								
City	State	Zip	City		State		Zip		
9. Shares Authorized		10. Shares Issu		Check the	e box to indic	ate an at	tachment 🔲		
This information is currently of recor Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALLE			
Changes require an additional filing.		900		commom		no par			
 This report must be executed of ceiver or trustee, this report must be 					rporation is ir	n the hand	ds of a re-		
Under penalty of perjury, I declar statements, and that all statemen	re and affirm th	at I have examine	d this repor		ompanying	schedule	s and		
Name of Authorized Representative				FILED	Date	<u> </u>	•		
Janice A. Buono		<u> </u>	2/	10/2	<u> </u>				
Signature of Authorized Represent	ative Sur-s		- 4-	2 0 2025 14T					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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