



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.

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1. Entity ID Number 000054762		2. Exact name of the Corporation THREE FLAGS BAKERY, INC			
3. Principal Office Address 1255 Broad Street			City Central Falls	State RI	Zip 02863
4. NAICS Code 311811		6. Brief description of the character of business conducted in Rhode Island to own and operate a bakery			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Eduarda G Correia			Vice-President Name None		
Street Address 1255 Broad Street			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name Eduarda G Correia			Treasurer Name Eduarda G Correia		
Street Address 1255 Broad Street			Street Address 1255 Broad Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Eduarda G Correia			Director Name None		
Street Address 1255 Broad Street			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	Common	No 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. 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 Eduarda G Correia				Date 3-6-25	
Signature of Authorized Representative <i>Eduarda G. Correia</i>				FILED MAR 14 2025 BY 22467 AA	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov