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State of Rhode Island
Department of State - Business Services Division

STAMP

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.

1. Entity ID Numbe 000486032	2. Exact name of the Corporation Batista Bakery & Pasteries, Inc.			
3. Principal Office Address 75 Franklin Street		City Bristol	State RI	Zip 02809
3. NAICS Code 445291	4. Brief description of the character of business conducted in Rhode Island Bakery			
5. State of Incorporation RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Alexandre B. Enes			Vice-President Name Teresa B. Enes		
Street Address 13 Leila Jean Dr			Street Address ~~32 Sullivan Lane~~ 6 Cork Blvd Apt 5		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Alexandre B. Enes			Treasurer Name Alexandre B. Enes		
Street Address 13 Leila Jean Dr			Street Address 13 Leila Jean Dr		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	400	Common	400

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	Date
Alexandre B. Enes	

Signature of Authorized Representative
X [signature]

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

MAR 26 2025
BY 5054

Website: www.sos.ri.gov

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