RI SOS Filing Number: 202569733580 Date: 4/9/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 09 2025
BY 36184

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 Number	2. Exact name of the Corporation
9648	D. Palmieri's Bakery, Inc.

3. Principal Office Address	City	State	Zip
624 Killingly Street	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722515	Bakery
5. State of Incorporation: RI	

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

President Name: Stephen D. Palmieri			Vice-President Name: Stephen D. Palmieri		
Street Address: 115 Merchant Street			Street Address: 115 Merchant Street		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904
Secretary Name: Stephen D. Palmieri			Treasurer Name: Stephen D. Palmieri		
Street Address: 115 Merchant Street			Street Address: 115 Merchant Street		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	60	Class A Voting	no par
	540	Class B non-voting	no par

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
Stephen D. Palmieri	3/18/25

Signature of Authorized Representative

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

FORM 630- Revised. 12/2023