



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.

REC'D RI SOS BSD
25 APR 21 AM 11:24 AM

1. Entity ID Number 001662843		2. Exact name of the Corporation La Artesa Bakery Inc.	
3. Principal Office Address 216 Academy Av.		City Providence	State R.I.
		Zip 02908	
4. NAICS Code 311800	6. Brief description of the character of business conducted in Rhode Island Retail and Wholesale Bakery		
5. State of Incorporation R.I.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ignacio Aguilar		Vice-President Name Leonarda Aguilar	
Street Address 150 Metropolitan Rd		Street Address 150 Metropolitan Rd	
City Providence	State RI	Zip 02908	City Providence
		State R.I.	
		Zip 02908	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
		State	
		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name none		Director Name none	
Street Address		Street Address	
City	State	Zip	City
		State	
		Zip	
Director Name none		Director Name none	
Street Address		Street Address	
City	State	Zip	City
		State	
		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		0	CWP
			\$0.0100
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 Ignacio Aguilar		FILED	Date 4-21-2025
Signature of Authorized Representative Ignacio C.		APR 21 2025 CYERT	

MAIL TO:
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