

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by 401.222.3040

56930	LUIGI'S	1.2-1301(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed to a penalty fee of \$25.00.  2. Name of Corporation  LUIGI'S GOURMET EXPRESS, INC.				
3. Street Address Principal Business Office 1359 Hartford Avenue			City Johnston	State	Zip	
4. Business Phone No.		5. State of Incorpor		RI	02919	
Rhode Island			d			
6. Brief Description of the Che SALE, DISTRIBUTIO	racter of Business Cond	lucted in Rhode Island				
. NAMES AND ADDR	SSES OF WALL	TION OF FOOD				
President Name	199E9 OF THE OF	FICERS: ("X" BOX FOR	ATTACHMENT)   FILL II	N SPACES BEFORE USIN	G ATTACHMENTO	
Ralph Battista			ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS			
Street Address			NONE			
100 Council Rock R	oad		Street Address			
ity	State	Zip				
Cranston	RI	02921	Сиу	State	Zip	
ecretary Name	*****************		Transcouran Money			
u-Ann Battista	·		Lu-Ann Battista	: Treasurer Name Lu-Ann Battista		
Reet Address			Street Address			
3 Pine Lane			3 Pine Lane			
ohnston ————	State	Zip	City			
	RI	02919	ا الله الله الله الله الله الله الله ال	State RI	Zip	
rector Nama	SSES OF THE DIR	ECTORS: ("X" BOX FOR			02919	
Ralph Battista			Director Name	IN SPACES BEFORE USIN	G ATTACHMENTS	
Street Address			Lu-Ann Battista			
100 Council Rock Road			Street Address			
)'	20		3 Pine Lane			
ranston	RI	<i>Ζφ</i> 0 <b>2921</b>	City	State	Zip	
ector Name		105951	Johnston	RI	02919	
ONE			Director Name			
eet Address			NONE			
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A	İ		<i></i>	State	Zip	
SHARES AUTHORIZE	("X" BOX FOR	ATTACHMENT)	10. SHARES ISSUED	("Y" POT"		
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~ • ~ POLL MUSL DE EXPCIL	ica on behalf of th	e corporation by an autho corporation by the receive			1	

File Date	FILED	
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FO	R SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that including any accompanying schedules and statem contained herein are true and several schedules.	I have examined this report,
 contained herein are true and contect.	ems, and that all statements
Milian Faller	3/13/09
 Signature	Date
Lu-Ann Battista	,
Print or Type Name	
Secretary	
Title	
	Form 630 Rev. 12/06