



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>267986</b>		2. Exact name of the Corporation ITALIAN GOURMET INC.			
3. Principal office address Starline Plaza, 1 Starline Way			City Cranston	State RI	Zip 02921
4. Business Phone No. 822-1920			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island food to go and deli operation					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name Adele G. Petrarca			Vice-President Name Matteo Ruolo		
Street Address 41 Nottingham Drive			Street Address 985 Hartford Ave., Apt B		
City Hope	State RI	Zip 02831	City Johnston	State RI	Zip 02919
Secretary Name Adele G. Petrarca			Treasurer Name Adele G. Petrarca		
Street Address 41 Nottingham Circle			Street Address 41 Nottingham Circle		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name None			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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	common	\$0.01

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

**FILED**

**JAN 22 2014**

Signature of Authorized Representative

Date

Adele G. Petrarca, President

Print or Type Name of Authorized Representative

**BY** 1395