



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. 83009		2. Exact name of the Corporation IGGY'S DOUGHBOYS, INC.			
3. Principal office address 41 RHODE ISLAND AVENUE		City WARWICK	State RI	Zip 02889	
4. Business Phone No. 401-737-9459		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island PROVIDE SERVICES AND PRODUCTS TO THE HEALTH CARE INDUSTRY AND TO RETAIN, ORIENT AND TRAIN PERSONNEL					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name DAVID M. GRAVINO			Vice-President Name MARYANN SOARES		
Street Address 41 RHODE ISLAND AVENUE			Street Address 9 WILLSHIRE LANE		
City WARWICK	State RI	Zip 02889	City CRANSTON	State RI	Zip 02921
Secretary Name MARYANN SOARES			Treasurer Name DAVID M. GRAVINO		
Street Address 9 WILLSHIRE LANE			Street Address 41 RHODE ISLAND AVENUE		
City CRANSTON	State RI	Zip 02921	City WARWICK	State RI	Zip 02889
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name DAVID M. GRAVINO			Director Name MARYANN SOARES		
Street Address 41 RHODE ISLAND AVENUE			Street Address 9 WILLSHIRE LANE		
City WARWICK	State RI	Zip 02889	City CRANSTON	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			1000	COMMON	NO PAR VALUE

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
By: 19-220721

FILED

MAR 24 2014

A.A.

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.

[Signature]
Signature of Authorized Representative

3/1/14
Date

Print or Type Name of Authorized Representative