



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 **2016**

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. 000107091		2. Exact name of the Corporation GODIVA CHOCOLATIER, INC.			
3. Principal office address 333 WEST 34TH STREET			City NEW YORK	State NY	Zip 10001
4. Business Phone No. 610-988-6137		5. State of Incorporation NEW JERSEY			
6. Brief description of the character of business conducted in Rhode Island DISTRIBUTION AND SALES OF CONFECTIONERY PRODUCTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name BURAK ELMAS			Vice-President Name		
Street Address 333 WEST 34TH STREET			Street Address		
City NEW YORK	State NY	Zip 10001	City	State	Zip
Secretary Name JONATHAN DRUCKER			Treasurer Name SAMUEL VULOPAS		
Street Address 333 WEST 34TH STREET			Street Address 1 MERIDIAN BLVD., SUITE 3C-1		
City NEW YORK	State NY	Zip 10001	City WYOMISSING	State PA	Zip 19610
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MOHAMED ELSARKY			Director Name		
Street Address 333 WEST 34TH STREET			Street Address		
City NEW YORK	State NY	Zip 10001	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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
			2500	CNP	0.00

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.

Samuel A. Vulpas 2/24/16
 Signature of Authorized Representative Date
Samuel A. Vulpas
 Print or Type Name of Authorized Representative

FILED

FEB 29 2016
 KL502452

Godiva Chocolatièr, Inc.
FEIN # - 22-1812634

TYPE	Position	Name	Street Address	City	State	Zip
OFFICER	CFO	SELIM BARAZ	333 WEST 34TH STREET	NEW YORK	NY	10001
OFFICER	CEO	MOHAMED ELSARKY	333 WEST 34TH STREET	NEW YORK	NY	10001