



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

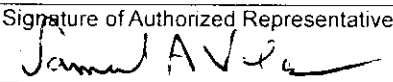
Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 107091		2. Exact name of the Corporation GODIVA CHOCOLATIER, INC.			
3. Principal Office Address 1 MERIDIAN BLVD, SUITE 3C-1		City WYOMISSING		State PA	Zip 19610
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island SALES OF CONFECTIONERY PRODUCTS			
5. State of Incorporation NEW JERSEY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MOHAMED ELSARKY			Vice-President Name NONE		
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 A. 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) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		CNP		0.00	
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 SAMUEL A. VULOPAS				Date 2/9/2017	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

SIGN DOCUMENT HERE

FEB 14 2017

By

295675
A.A.