



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 333 West 34th Street			City New York	State NY	Zip 10001
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 ☐
President Name ANNIE YOUNG-SCRIVNER			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 ☐
Director Name ANNIE YOUNG-SCRIVNER			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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 1000	CLASS/SERIALS CNP	PAR VALUE 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 Jonathan Drucker				Date 2/9/2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 27 2018

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FORM 630 - Revised: 10/2017