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	2. Exact name of the Corporation
107091	GODIVA CHOCOLATIER, INC.

3. Principal Office Address	City	State	Zip
333 West 34th Street	New York	NY	10001

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 RETAIL TRADE 445310	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	Vice-President Name
ANNIE YOUNG-SCRIVNER	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	Director Name
ANNIE YOUNG-SCRIVNER	
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

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 ☐

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	Date
Jonathan Drucker	2/9/2018

Signature of Authorized Representative: Jonathan Drucker — SIGN DOCUMENT HERE

FILED

FEB 27 2018

BY S29372

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

FORM 630 - Revised: 10/2017