



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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 267986		2. Exact name of the Corporation ITALIAN GOURMET, INC.					
3. Principal Office Address Starline Plaza, 1 Starline Way			City Cranston	State RI	Zip 02921		
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island food to go and deli operation					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Queslei Gearlan Goncalves DaSilva			Vice-President Name Fabrine Junia DeSouza Araujo				
Street Address 47 Fern St.			Street Address 47 Fern St.				
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860		
Secretary Name Fabrine Junia DeSouza Araujo			Treasurer Name Fabrine Junia DeSouza Araujo				
Street Address 47 Fern St.			Street Address 47 Fern St.				
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name none			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		200		common		no par value	
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. <i>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.</i>							
Name of Authorized Representative Queslei Gearlan Goncalves DaSilva, President					Date 04/10/18		
Signature of Authorized Representative 					SIGN DOCUMENT HERE		

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

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APR 13 2018
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