RI SOS Filing Number: 202033720580 Date: 2/4/2020 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$2						<u></u>	
1. Entity ID Number		2. Exact name of the Corporation					
56930	Luigis	Luigi's Gourmet Express, Inc.					
3. Principal Office Address			City		State	Ζφ	
1359 Hartford Avenue			Johnston		RI	02919	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business	conducted in Rhode	sisland		
722513	Sale, distri	Sale, distribution and preparation of food.					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names a	nd addresses)				k the box to i	ndicate an attachment 🔲	
President Name Raiph Battista			Vice-President Name NONE				
Street Address 100 Council F	Street Address						
City Cranston	State RI	^{Zip} 02921	City		State	Zip	
Secretary Name Lu-Ann Battista			Treasurer Name Lu-Ann Battista				
Street Address 3 Pine Lane			Stree: Address 3 Pine Lane				
City Johnston	State RI	^{Zip} 02919	City Johnston		State RI	^{Zip} 02919	
8 List ALL directors (names	and addresses)			Chec	k the box to i	ndicate an attachment 🔲	
Director Name Ralph Battista	2		Director Nam	e Lu-Ann Battista		,	
Street Address 100 Council Rock Road			Street Address 3 Pine Lane				
City Cranston	State RI	^{Z_ip} 02921	City Johnst	on	State RI	Z _{IP} 02919	
Director Name NONE			Director Name NONE				
Street Address		<u>. </u>	Street Addres	ss .		7-1-	
City	State	Zip	City		State	Zip	
Shares Authorized 10. Shares Iss		sued Check the box to indicate an attachment					
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 execu					oration is in t	he hands of a receiver or	
rustee, this report must be e					menaviae co	hadular and	
Under penalty of perjury, I (statements, and that all sta				including any acco	mpanying sc	nebules and	
Name of Authorized Represe					Date	1	
Lu-Ann Battista					1/19	/2020	
Signature of Authorized Repr	esentative		o p		/	<u> </u>	
Millian &	allisto	. "	FILI		Α		
<u> </u>				FF	41		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 0 4 2020

FORM 630 - Revised: 10/2017