



State of Rhode Island

Department of State - Business Services Division

FILED

OCT 15 2020

BY

193 AS

Annual Report for the year: 2020

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 000522695		2. Exact name of the Corporation GRACE M. DULUDE, INC.			
3. Principal Office Address 267 MAIN STREET			City EAST GREENWICH		State RI
					Zip 02816
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island PSYCHOTHERAPY PRIVATE PRACTICE PROVIDING EMOTIONAL HEALTH CARE SERVICES.			
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 GRACE M. DULUDE			Vice-President Name SAME		
Street Address 267 MAIN STREET			Street Address		
City EAST GREENWICH	State RI	Zip 02816	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			0	COMMON	NO PAR
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 GRACE M. DULUDE					Date 09/24/2020
Signature of Authorized Representative 					