RI SOS Filing Number: 202190522250 Date: 2/9/2021 4:00:00 PM

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

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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2021 FEB -9 A 11:36

1. Entity ID Number	2. Exact name of the Corporation			
000526595	**GRAVINO ENTERPRISES, LTD.**			
3. Principal Office Address		City	State	Zip
41 RHODE ISLAND AVENUE		WARWICK	RI	02889
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531311	MANAGEMENT COMPANY AND HOLDER OF INTELLECTUALS			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: DAVID M. GRAVINO			Vice-President Name: DAVID M. GRAVINO		
Street Address: 41 RHODE ISLAND AVENUE			Street Address: 41 RHODE ISLAND AVENUE		
City: WARWICK	State: RI	Zip: 02889	City: WARWICK	State: RI	Zip: 02889
Secretary Name: SUSAN GRAVINO			Treasurer Name: **LYNN DESOUSA**		
Street Address: 57 ISLAND DRIVE			Street Address: **67 HANOVER STREET**		
City: COVENTRY	State: RI	Zip: 02816	City: WARWICK	State: RI	Zip: **02886**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: DAVID M. GRAVINO			Director Name:		
Street Address: 41 RHODE ISLAND AVENUE			Street Address:		
City: WARWICK	State: RI	Zip: 02889	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8000	COMMON	NONE

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
DAVID M. GRAVINO	2-3-2021

Signature of Authorized Representative: David M Gravino

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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FORM 630 - Revised: 10/2017