



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 17 2021

BY 8118Annual 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.

1. Entity ID Number 000522695		2. Exact name of the Corporation GRACE M. DULUDE, INC.			
3. Principal Office Address 10 GLEN AVENUE APT: 2			City NORTH SMITHFIELD	State RI	Zip 02896
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 RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name GRACE M. DULUDE			Vice-President Name SAME		
Street Address 10 GLEN AVENUE APT: 2			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	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 ☐					
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 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
		0		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.					
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 02/09/2021
Signature of Authorized Representative 					

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: 08/2020