State of Rhode Island

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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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUL 16 P 3:42

1. Entity ID Number	2. Exact name of the Corporation			
59160	GRAZIANO'S GOURMET FOODS INC			
3. Principal Office Address		City	State	Zip
787 CHARLES ST.		PROV.	R.I.	02904
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
424410	FOOD BUSINESS			
5. State of Incorporation				
RHODE ISLAND				

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

President Name	Street Address	City	State	Zip
DAVINA C. BROCCOLI	785 CHARLES ST.	PROV.	RI	02904

Vice-President Name	Street Address	City	State	Zip
DAVINA C. BROCCOLI	785 CHARLES ST.	PROV.	RI	02904

Secretary Name	Street Address	City	State	Zip
DAVINA C. BROCCOLI	785 CHARLES ST.	PROV.	RI	02904

Treasurer Name	Street Address	City	State	Zip
DAVINA C. BROCCOLI	785 CHARLES ST.	PROV	RI	02904

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

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. Shares Authorized

This information is currently of record in the Department of State.
1,000 COMM NO PAR VALUE
Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200		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
DAVINA C. BROCCOLI PRESIDENT	7-15-21

Signature of Authorized Representative: Davina C Broccoli Pres.

FILED

JUL 16 2021

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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