



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2023**

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

JAN 20 2023 4:17P

BY

1. Entity ID Number 102981		2. Exact name of the Corporation AUGUSTO, INC.			
3. Principal Office Address 25 Village Plaza Way, P.O. Box 175			City North Scituate	State RI	Zip 02857-0000
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island to operate a retail supermarket			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Mark G. Brigido			Vice-President Name Mark G. Brigido		
Street Address 35 Timberland Drive			Street Address 35 Timberland Drive		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
Secretary Name Mark G. Brigido			Treasurer Name Mark G. Brigido		
Street Address 35 Timberland Drive			Street Address 35 Timberland Drive		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Mark G. Brigido			Director Name none		
Street Address 35 Timberland Drive			Street Address none		
City Lincoln	State RI	Zip 02865-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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 Mark G. Brigido President				Date January 2, 2023	
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