

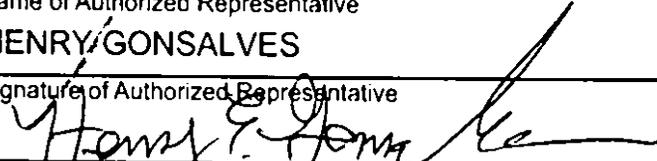


State of Rhode Island
Department of State - Business Services Division

FILED
 FEB 27 2023
 BY 42421 ks

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.

1. Entity ID Number 000011674		2. Exact name of the Corporation THE HENRY GONSALVES COMPANY			
3. Principal Office Address 35 THURBER BLVD			City SMITHFIELD	State R.I.	Zip 02917
4. NAICS Code 424430		6. Brief description of the character of business conducted in Rhode Island IMPORT PORTUGUESE FOOD PRODUCTS			
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 HENRY GONSALVES			Vice-President Name		
Street Address 7 GREAT MEADOWS LANE			Street Address		
City LINCOLN	State R.I.	Zip 02865	City	State	Zip
Secretary Name HENRY GONSALVES			Treasurer Name HENRY GONSALVES		
Street Address 7 GREAT MEADOWS LANE			Street Address 7 GREAT MEADOWS LANE		
City LINCOLN	State R.I.	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HENRY GONSALVES			Director Name HENRY GONSALVES II		
Street Address 7 GREAT MEADOWS LANE			Street Address THURBER BLVD		
City LINCOLN	State RI	Zip 02865	City SMITHFIELD	State RI	Zip 02865
Director Name SANDI GONSALVES			Director Name SUSAN GONSALVES		
Street Address 7 GREAT MEADOWS LANE			Street Address 24 ENGLAND STREET		
City LINCOLN	State RI	Zip 02865	City CUMBERLAND	State RI	Zip 02864
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
		300		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 HENRY GONSALVES					Date 1/25/23
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