



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.

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1. Entity ID Number 001681686		2. Exact name of the Corporation Imperatore Holdings, Inc.			
3. Principal Office Address 2550 PLAINFIELD PIKE			City CRANSTON	State RI	Zip 02921
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island INVESTMENT PURPOSES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRAD BILODEAU			Vice-President Name ADAM BILODEAU		
Street Address 2550 PLAINFIELD PIKE			Street Address 2550 PLAINFIELD PIKE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name BRAD BILODEAU			Treasurer Name BRAD BILODEAU		
Street Address 2550 PLAINFIELD PIKE			Street Address 2550 PLAINFIELD PIKE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BRAD BILODEAU			Director Name		
Street Address 2550 PLAINFIELD PIKE			Street Address		
City CRANSTON	State RI	Zip 02921	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 <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
			100	CNP	\$0.0000
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 BRAD BILODEAU, PRESIDENT				Date 3/14/2023	
Signature of Authorized Representative <i>Brad Bilodeau</i>				NO FILED 1051 MAR 29 2023 BY 18556	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov