



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation _____

STAMP

- 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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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1. Entity ID Number 00010359		2. Exact name of the Corporation Gracie's Ventures Inc			
3. Principal Office Address 194 Washington Street		City Providence		State RI	Zip 02903
4. NAICS Code 722511		5. Brief description of the character of business conducted in Rhode Island fine dining restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elton Slattery			Vice-President Name Same		
Street Address 91 Main Street			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Same			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elton Slattery			Director Name		
Street Address Same			Street Address		
City Same	State	Zip	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 1,000	CLASS/SERIES Stk	PAR VALUE 0.0
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 Elton Slattery				Date 7/20/23	
Signature of Authorized Representative <i>[Signature]</i>				FILED	

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

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