



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.

**STAMP**  
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 R.I. DEPT. OF STATE  
 BUS SVCS DIV.

2023 AUG 18 4:06

1. Entity ID Number <b>59160</b>		2. Exact name of the Corporation <b>GRAZIANO'S GOURMET FOODS INC</b>			
3. Principal Office Address <b>787 CHARLES ST.</b>		City <b>PROV.</b>	State <b>RI</b>	Zip <b>02904</b>	
4. NAICS Code <b>424410</b>		6. Brief description of the character of business conducted in Rhode Island <b>FOOD BUSINESS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DAVINE C. BRUCCOLI</b>			Vice-President Name <b>DAVINE C. BRUCCOLI</b>		
Street Address <b>785 CHARLES ST</b>			Street Address <b>785 CHARLES ST.</b>		
City <b>PROV.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PROV.</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>DAVINE C. BRUCCOLI</b>			Treasurer Name <b>DAVINE C. BRUCCOLI</b>		
Street Address <b>785 CHARLES ST.</b>			Street Address <b>785 CHARLES ST.</b>		
City <b>PROV.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PROV.</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. 1,000 COMM NO PAR VALUE Changes require an additional filing.			NUMBER OF SHARES <b>200</b>	CLASS/SERIES	PAR VALUE <b>NONE</b>
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 <b>DAVINE C. BRUCCOLI PRESIDENT</b>				Date <b>8-18-23</b>	
Signature of Authorized Representative <b>DAVINE C. BRUCCOLI PRES.</b> <b>FILED</b>					

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

AUG 18 2023  
 BY ML 30041