



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 P 4: 06

1. Entity ID Number <u>59160</u>		2. Exact name of the Corporation <u>GRAZIANO'S GOURMET FOODS INC</u>										
3. Principal Office Address <u>787 CHARLES ST.</u>		City <u>PROV.</u>	State <u>RI</u>									
		Zip <u>02904</u>										
4. NAICS Code <u>424410</u>	6. Brief description of the character of business conducted in Rhode Island <u>Food Business</u>											
5. State of Incorporation <u>RHODE ISLAND</u>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name <u>DAVINE C. BRUCCOLI</u>		Vice-President Name <u>DAVINE C. BRUCCOLI</u>										
Street Address <u>785 CHARLES ST.</u>		Street Address <u>785 CHARLES ST.</u>										
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>PROV.</u>									
Secretary Name <u>DAVINE C. BRUCCOLI</u>		Treasurer Name <u>DAVINE C. BRUCCOLI</u>										
Street Address <u>785 CHARLES ST.</u>		Street Address <u>785 CHARLES ST.</u>										
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>PROV.</u>									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name <u>NONE</u>		Director Name <u>NONE</u>										
Street Address		Street Address										
City	State	Zip	City									
Director Name <u>NONE</u>		Director Name <u>NONE</u>										
Street Address		Street Address										
City	State	Zip	City									
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. <u>1,000 COMM NO PAR VALUE</u> Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>200</u></td> <td></td> <td><u>NONE</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>200</u>		<u>NONE</u>			
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<u>200</u>		<u>NONE</u>										
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 <u>DAVINE C. BRUCCOLI PRESIDENT</u>		Date <u>8-18-23</u>										
Signature of Authorized Representative <u>DAVINE C. BRUCCOLI PRESIDENT</u> 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

AUG 18 2023
BY ML 30041

FORM 630 - Revised: 11/2021