



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 02 2024

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1. Entity ID Number 000011678		2. Exact name of the Corporation GONSALVES IMPORT EXPORT CORPORATION			
3. Principal Office Address 35 THURBER BLVD			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 424430		6. Brief description of the character of business conducted in Rhode Island WHOLESALE 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 DRIVE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name HENRY GONSALVES			Treasurer Name HENRY GONSALVES		
Street Address 7 GREAT MEADOWS DRIVE			Street Address 7 GREAT MEADOWS DRIVE		
City LINCOLN	State RI	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 DRIVE			Street Address 7 GREAT MEADOWS DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name SANDI GONSALVES			Director Name		
Street Address 7 GREAT MEADOWS DRIVE			Street Address		
City LINCOLN	State RI	Zip 02865	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		
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 01/25/24
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