



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.

REC'D RIDG BSO
24 MAR 15 PM 1:05

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 Rhode Island					
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					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
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 2/26/2024
Signature of Authorized Representative 					

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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