



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 RIDOS BSD  
24 APR 8 AM 9:38:49

1. Entity ID Number <b>000101022</b>		2. Exact name of the Corporation <b>G &amp; P Food Services, Inc.</b>	
3. Principal Office Address <b>606 RESERVOIR AVENUE</b>		City <b>CRANSTON</b>	State <b>RI</b>
		Zip <b>02910</b>	
4. NAICS Code <b>722511</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE DISPENSING OF ALCOHOLIC BEVERAGES AND FOOD, OPERATING AS A BAR AND RESTAURANT.</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>MICHAEL GIOURAS</b>		Vice-President Name <b>MICHAEL GIOURAS</b>	
Street Address <b>266 SCITUATE AVENUE, APT. A1</b>		Street Address <b>266 SCITUATE AVENUE, APT. A1</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02921</b>	
Secretary Name <b>MICHAEL GIOURAS</b>		Treasurer Name <b>MICHAEL GIOURAS</b>	
Street Address <b>266 SCITUATE AVENUE, APT. A1</b>		Street Address <b>266 SCITUATE AVENUE, APT. A1</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02921</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	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		100	COMMON
		PAR VALUE	
		NO PAR VALUE	
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. <b>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.</b>			
Name of Authorized Representative <b>MICHAEL GIOURAS, PRESIDENT</b>		Date <b>2/8/24</b>	
Signature of Authorized Representative 		FILED	