



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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:

1. Entity ID Number 000101022		2. Exact name of the Corporation G & P Food Services, Inc.			
3. Pnncipal Office Address 606 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02910
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE DISPENSING OF ALCOHOLIC BEVERAGES AND FOOD, OPERATING AS A BAR AND RESTAURANT.			
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 MICHAEL GIOURAS			Vice-President Name MICHAEL GIOURAS		
Street Address 266 SCITUATE AVENUE, APT. A1			Street Address 266 SCITUATE AVENUE, APT. A1		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name MICHAEL GIOURAS			Treasurer Name MICHAEL GIOURAS		
Street Address 266 SCITUATE AVENUE, APT. A1			Street Address 266 SCITUATE AVENUE, APT. A1		
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 NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
		100		COMMON	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. 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 MICHAEL GIOURAS, PRESIDENT					Date 2/28/24
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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