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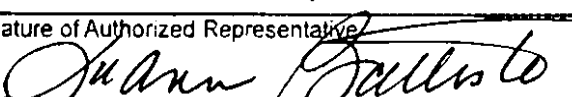
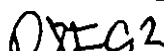


**State of Rhode Island
Department of State - Business Services Division**

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.

1. Entity ID Number 000056930		2. Exact name of the Corporation LUIGI'S GOURMENT EXPRESS, INC.			
3. Principal Office Address 1359 Hartford Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 722613		6. Brief description of the character of business conducted in Rhode Island Sale, distribution and preparation of food.			
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 Ralph Battista			Vice-President Name NONE		
Street Address 100 Council Rock Road			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Lu-Ann Battista			Treasurer Name Lu-Ann Battista		
Street Address 3 Pine Lane			Street Address 3 Pine Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ralph Battista			Director Name Lu-Ann Battista		
Street Address 100 Council Rock Road			Street Address 3 Pine Lane		
City Cranston	State RI	Zip 02921	City Johnston	State RI	Zip 02919
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 200	CLASS/SERIES 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.					
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 Lu-Ann Battista, Secretary			FILED	Date 4/11/24	
Signature of Authorized Representative 			APR 16 2024 		

MAIL TO:
Division of Business Services
148 W. River Street, Providence Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov