



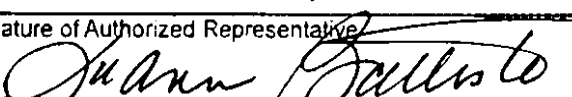
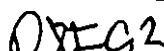
State of Rhode Island  
Department of State - Business Services Division

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 RHODES BSD  
24 APR 16 AM 9:00:24

1. Entity ID Number <b>000056930</b>		2. Exact name of the Corporation <b>LUIGI'S GOURMENT EXPRESS, INC.</b>			
3. Principal Office Address <b>1359 Hartford Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>722613</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sale, distribution and preparation of food.</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>Ralph Battista</b>			Vice-President Name <b>NONE</b>		
Street Address <b>100 Council Rock Road</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip
Secretary Name <b>Lu-Ann Battista</b>			Treasurer Name <b>Lu-Ann Battista</b>		
Street Address <b>3 Pine Lane</b>			Street Address <b>3 Pine Lane</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</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>Ralph Battista</b>			Director Name <b>Lu-Ann Battista</b>		
Street Address <b>100 Council Rock Road</b>			Street Address <b>3 Pine Lane</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	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		PAR VALUE
			<b>200</b>	<b>Common</b>	<b>No Par Value</b>
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>Lu-Ann Battista, Secretary</b>			FILED	Date <b>4/11/24</b>	
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