



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

Annual Report for the year: **2024**

Corporation _____

MAY 01 2024
403 *W*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number 000522695		2. Exact name of the Corporation GRACE M. DULUDE, INC.			
3. Principal Office Address 378 MAIN STREET			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island PSYCHOTHERAPY PRIVATE PRACTICE PROVIDING EMOTIONAL HEALTHCARE SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GRACE M. DULUDE			Vice-President Name SAME		
Street Address 200 CANNON STREET, UNIT 163			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100		PAR VALUE
			COMMON	NO PAR VALU	
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 GRACE M. DULUDE					Date 4/26/24
Signature of Authorized Representative <i>Grace Dulude</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov