



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 RI085 BSD  
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1. Entity ID Number <u>59160</u>		2. Exact name of the Corporation <u>GRAZIANO'S GOURMET FOODS INC</u>			
3. Principal Office Address <u>787 CHARLES ST.</u>		City <u>PROV.</u>	State <u>R.I.</u>	Zip <u>02904</u>	
4. NAICS Code <u>424410</u>		6. Brief description of the character of business conducted in Rhode Island <u>FOOD BUSINESS</u>			
5. State of Incorporation <u>RHODE ISLAND</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>DAVIDA C. BROCCOLI</u>			Vice-President Name <u>DAVIDA C BROCCOLI</u>		
Street Address <u>785 CHARLES ST</u>			Street Address <u>785 CHARLES ST</u>		
City <u>PROV.</u>	State <u>R.I.</u>	Zip <u>02904</u>	City <u>PROV.</u>	State <u>R.I.</u>	Zip <u>02904</u>
Secretary Name <u>DAVIDA C. BROCCOLI</u>			Treasurer Name <u>DAVIDA C. BROCCOLI</u>		
Street Address <u>785 CHARLES ST</u>			Street Address <u>785 CHARLES ST</u>		
City <u>PROV.</u>	State <u>R.I.</u>	Zip <u>02904</u>	City <u>PROV.</u>	State <u>R.I.</u>	Zip <u>02904</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name <u>NONE</u>		
Street Address <u>NONE</u>			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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. <u>1,000 COMMON PAR VALUE</u> Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <u>200</u>	CLASS/SERIES	PAR VALUE <u>NONE</u>
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 <u>DAVIDA C BROCCOLI PRESIDENT</u>					Date <u>8-19-24</u>
Signature of Authorized Representative <u>David C Broccoli Pres.</u>					