

REC'D RIDGOS BSD  
25 APR 16 PM 3:25:52State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

## 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 <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>	City	State
Zip <b>02921</b>		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>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02919</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>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02919</b>	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		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.			
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 <b>Lu-Ann Battista, Secretary</b>			Date <b>01/31/2025</b>
Signature of Authorized Representative 			

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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