



State 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.

REC'D RIDGOS BSD
25 APR 16 PM 3:25:52

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	City	State
	Zip 02921		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	City Johnston	State RI
	Zip 02919		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	City Johnston	State RI
	Zip 02921		Zip 02919
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized			
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		CLASS/SERIES	
200		Common	
		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			Date 01/31/2025
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

FILED

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BY