



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 RIDOS BSD
AUG 15 PM 3:52:16
AMP

1. Entity ID Number <u>59160</u>		2. Exact name of the Corporation <u>GAZIANO'S GOURMET FOODS INC</u>	
3. Principal Office Address <u>787 CHARLES ST.</u>		City <u>PROV.</u>	State <u>RI</u>
4. NAICS Code <u>424410</u>		5. 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) Check the box to indicate an attachment <input type="checkbox"/>			
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>RI</u>	Zip <u>02904</u>	City <u>PROV.</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>RI</u>	Zip <u>02904</u>	City <u>PROV.</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	Zip	City
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. <u>1,000 COMMON NO PAR VALUE</u>		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>200</u>	CLASS/SERIES <u>NONE</u>
			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.			
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 <u>DAVIDA C. BROCCOLI PRESIDENT</u>			Date <u>8-13-25</u>
Signature of Authorized Representative <u>David C. Broccoli Pres.</u>			FILED <u>BPQJX</u>

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

FORM 630- Revised 12/2023