



**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.

FEB 02 2024

43044

|                                                                                                                                                                                                                                                   |                 |                                                                                                                       |                                             |                    |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------|-------------------------|
| 1. Entity ID Number<br><b>000011674</b>                                                                                                                                                                                                           |                 | 2. Exact name of the Corporation<br><b>THE HENRY GONSALVES COMPANY</b>                                                |                                             |                    |                         |
| 3. Principal Office Address<br><b>35 THURBER BLVD</b>                                                                                                                                                                                             |                 |                                                                                                                       | City<br><b>SMITHFIELD</b>                   | State<br><b>RI</b> | Zip<br><b>02917</b>     |
| 4. NAICS Code<br><b>424430</b>                                                                                                                                                                                                                    |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>IMPORT PORTUGUESE FOOD PRODUCTS</b> |                                             |                    |                         |
| 5. State of Incorporation<br><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>HENRY GONSALVES</b>                                                                                                                                                                                                             |                 |                                                                                                                       | Vice-President Name                         |                    |                         |
| Street Address <b>7 GREAT MEADOWS DRIVE</b>                                                                                                                                                                                                       |                 |                                                                                                                       | Street Address                              |                    |                         |
| City <b>LINCOLN</b>                                                                                                                                                                                                                               | State <b>RI</b> | Zip <b>02865</b>                                                                                                      | City                                        | State              | Zip                     |
| Secretary Name <b>HENRY GONSALVES</b>                                                                                                                                                                                                             |                 |                                                                                                                       | Treasurer Name <b>HENRY GONSALVES</b>       |                    |                         |
| Street Address <b>7 GREAT MEADOWS DRIVE</b>                                                                                                                                                                                                       |                 |                                                                                                                       | Street Address <b>7 GREAT MEADOWS DRIVE</b> |                    |                         |
| City <b>LINCOLN</b>                                                                                                                                                                                                                               | State <b>RI</b> | Zip <b>02865</b>                                                                                                      | City <b>LINCOLN</b>                         | State <b>RI</b>    | Zip <b>02865</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>HENRY GONSALVES</b>                                                                                                                                                                                                              |                 |                                                                                                                       | Director Name <b>HENRY GONSALVES II</b>     |                    |                         |
| Street Address <b>7 GREAT MEADOWS DRIVE</b>                                                                                                                                                                                                       |                 |                                                                                                                       | Street Address <b>7 GREAT MEADOWS DRIVE</b> |                    |                         |
| City <b>LINCOLN</b>                                                                                                                                                                                                                               | State <b>RI</b> | Zip <b>02865</b>                                                                                                      | City <b>LINCOLN</b>                         | State <b>RI</b>    | Zip <b>02865</b>        |
| Director Name <b>SANDI GONSALVES</b>                                                                                                                                                                                                              |                 |                                                                                                                       | Director Name <b>SUSAN GONSALVES</b>        |                    |                         |
| Street Address <b>7 GREAT MEADOWS DRIVE</b>                                                                                                                                                                                                       |                 |                                                                                                                       | Street Address <b>24 ENGLAND STREET</b>     |                    |                         |
| City <b>LINCOLN</b>                                                                                                                                                                                                                               | State <b>RI</b> | Zip <b>02865</b>                                                                                                      | City <b>CUMBERLAND</b>                      | State <b>RI</b>    | Zip <b>02864</b>        |
| 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.<br><br>Changes require an additional filing.                                                                                                                                  |                 | NUMBER OF SHARES                                                                                                      |                                             | CLASS/SERIES       |                         |
|                                                                                                                                                                                                                                                   |                 | 300                                                                                                                   |                                             | COMMON             |                         |
|                                                                                                                                                                                                                                                   |                 |                                                                                                                       |                                             | NO PAR             |                         |
|                                                                                                                                                                                                                                                   |                 |                                                                                                                       |                                             |                    |                         |
| 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<br><b>HENRY GONSALVES</b>                                                                                                                                                                                       |                 |                                                                                                                       |                                             |                    | Date<br><b>01/25/24</b> |
| Signature of Authorized Representative<br>                                                                                                                                                                                                        |                 |                                                                                                                       |                                             |                    |                         |

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