



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000688949</b>		2. Exact name of the Corporation <b>G &amp; G Consulting, Inc</b>		
3. Principal office address <b>940 Quaker Lane, 1410</b>		City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
4. Business Phone No. <b>401-829-5793</b>		5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Provide Web Engineering and Consulting Services to large Corporations.</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Philemon George</b>		Vice-President Name		
Street Address <b>940 Quaker Lane, 1410</b>		Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State Zip
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Keshia Boakai</b>		Director Name <b>Rodney George</b>		
Street Address <b>330 Labore Road, Apt.113</b>		Street Address <b>2833 Lyndale Avenue South, 225</b>		
City <b>Saint Paul</b>	State <b>MN</b>	Zip <b>55117</b>	City <b>Minneapolis</b>	State <b>MN</b> Zip <b>55408</b>
Director Name <b>Victoria Garrett</b>		Director Name		
Street Address <b>940 Quaker Lane, 1410</b>		Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1000	STK	\$0.0100

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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.

FILED 11:11

*[Signature]*  
Signature of Authorized Representative

4/15/2013  
Date

FOR SECRETARY OF STATE USE ONLY

APR 23 2013

Print or Type Name of Authorized Representative

BY 195754  
*KMC*