



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. 000688949		2. Exact name of the Corporation G & G Consulting, Inc		
3. Principal office address 940 Quaker Lane, 1410		City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-829-5793		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Provide Web Engineering and Consulting Services to large Corporations.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Philemon George		Vice-President Name		
Street Address 940 Quaker Lane, 1410		Street Address		
City East Greenwich	State RI	Zip 02818	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Keshia Boakai		Director Name Rodney George		
Street Address 330 Labore Road, Apt.113		Street Address 2833 Lyndale Avenue South, 225		
City Saint Paul	State MN	Zip 55117	City Minneapolis	State MN
Director Name Victoria Garrett		Director Name		
Street Address 940 Quaker Lane, 1410		Street Address		
City East Greenwich	State RI	Zip 02818	City	State
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