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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 2014

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.	2. Exact name of the Corporation
15216	GCM CORP.

3. Principal office address	City	State	Zip
2745 Pawtucket Avenue	East Providence	RI	02914

4. Business Phone No.	5. State of Incorporation
401-434-3030	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Sale of paint, paper and related building products

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
John P. McKenna	182 Sweetbriar Drive	Cranston	RI	02920

Vice-President Name	Street Address	City	State	Zip
Bernard F. McKenna	42 Warman Avenue	Cranston	RI	02920

Secretary Name	Street Address	City	State	Zip
Patrick J. Hanrahan	91 Greenwood Road	North Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Bernard F. McKenna	42 Warman Avenue	Cranston	RI	02920

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
John P. McKenna	182 Sweetbriar Drive	Cranston	RI	02920

Director Name	Street Address	City	State	Zip
Bernard F. McKenna	42 Warman Avenue	Cranston	RI	02920

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	common	No par value

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 13 2014
3290

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.

John P McKenna 2/1/14
Signature of Authorized Representative Date

John P. McKenna
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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