



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. Rive. 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 2015

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. 94739		2. Exact name of the Corporation La Gondola, Inc.			
3. Principal office address 42 Bellevue Street			City Fairhaven	State MA	Zip 02719
4. Business Phone No. 508.984.8264			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Conducts a business which includes boat charter, boat rentals and amusement rides.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Cynthia L. Days			Vice-President Name None		
Street Address 42 Bellevue Street			Street Address		
City Fairhaven	State MA	Zip 02719	City	State	Zip
Secretary Name None			Treasurer Name Cynthia L. Days		
Street Address			Street Address 42 Bellevue Street		
City	State	Zip	City Fairhaven	State MA	Zip 02719
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Antonio Mastrostefano			Director Name None		
Street Address 93 Circuit Drive			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	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
			100 NO PAR VAL		

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

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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.

Cynthia L. Days **02/27/2015**
 Signature of Authorized Representative Date

Cynthia L Days
 Print or Type Name of Authorized Representative