



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 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. 56286		2. Exact name of the Corporation GFL, INC.		
3. Principal office address 46 East Shore Road		City Narragansett	State RI	Zip 02882
4. Business Phone No. (401) 782-2290		5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island Restaurant				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name George F. Lenihan, Jr.		Vice-President Name N/A		
Street Address 46 East Shore Road		Street Address		
City Narragansett	State RI	Zip 02882	City	State
Secretary Name George F. Lenihan, Jr.		Treasurer Name George F. Lenihan, Jr.		
Street Address 46 East Shore Road		Street Address 46 East Shore Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name N/A		Director Name N/A		
Street Address		Street Address		
City	State	Zip	City	State
Director Name N/A		Director Name N/A		
Street Address		Street Address		
City	State	Zip	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 100		CLASS/SERIES Common		PAR VALUE No Par

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

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.

Signature of Authorized Representative

Date

George F. Lenihan, Jr., President

Print or Type Name of Authorized Representative

FILED

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