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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 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.	2. Exact name of the Corporation			
137198	GKW ENTERPRISES, INC			
3. Principal office address		City	State	Zip
45 Sockanosett Cross Rd Suite 2		Cranston	RI	02920
4. Business Phone No.		5. State of Incorporation		
401 946-5630				
6. Brief description of the character of business conducted in Rhode Island				
In exercise gymnastics and music				

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

President Name	Street Address	City	State	Zip
Kelly L Walsh	45 Sockanosett Cross Rd Ste 2	Cranston	RI	02920

Vice-President Name	Street Address	City	State	Zip
Geraldine Ingerson	45 Sockanosett Cross Rd Ste 2	Cranston	RI	02920

Secretary Name	Street Address	City	State	Zip
Kelly L Walsh	45 Sockanosett Cross Rd Ste 2	Cranston	RI	02920

Treasurer Name	Street Address	City	State	Zip
Geraldine Ingerson	45 Sockanosett Cross Rd Ste 2	Cranston	RI	02920

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

Director Name	Street Address	City	State	Zip
Kelly L Walsh	45 Sockanosett Cross Rd Ste 2	Cranston	RI	02920

Director Name	Street Address	City	State	Zip
Geraldine Ingerson	45 Sockanosett Cross Rd Ste 2	Cranston	RI	02920

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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
200	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: _____ 2015 APR -2 AM 10:46

FOR SECRETARY OF STATE USE ONLY

SECRETARY OF STATE CORPORATIONS DIV

FILED
APR 20 2015

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.

Geraldine Ingerson 3-31-15
Signature of Authorized Representative Date

BY 5720 Geraldine Ingerson
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
120009-11-1036738