



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 2016

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. 788883		2. Exact name of the Corporation FIVE GOLD HOLDINGS, INC.			
3. Principal office address 300 PIPPIN ORCHARD ROAD		City CRANSTON	State RI	Zip 02921	
4. Business Phone No. (401) 331-2720		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING COMPANY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name ALLAN D. GOLDBERG			Vice-President Name GABRIELA GOLDBERG		
Street Address 300 PIPPIN ORCHARD RD			Street Address 300 PIPPIN ORCHARD RD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name GABRIELA GOLDBERG			Treasurer Name ALLAN D. GOLDBERG		
Street Address 300 PIPPIN ORCHARD RD			Street Address 300 PIPPIN ORCHARD RD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
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 1000		CLASS/SERIES COMMON		PAR VALUE 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.

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 19 2016

BY 2102

Signature of Authorized Representative

Date 1/11/16

Print or Type Name of Authorized Representative
ALLAN D. GOLDBERG