



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.

2016 SEP 19 AM 11:58

1. Entity ID Number 474473		2. Exact name of the Corporation GARDEN STATE FIREWORKS, INC.			
3. Principal Office Address 383 CARLTON ROAD		City MILLINTON		State NJ	Zip 07946
4. Business Phone Number 908-464-1080		5. State of Incorporation New Jersey			
6. Brief description of the character of business conducted in Rhode Island FIREWORK DISPLAYS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NUNZIO SANTORE			Vice-President Name AUGUST SANTORE		
Street Address 383 CARLTON ROAD			Street Address 383 CARLTON ROAD		
City MILLINTON	State NJ	Zip 07946	City MILLINTON	State NJ	Zip 07946
Secretary Name FRANCES DESMELK			Treasurer Name		
Street Address 383 CARLTON ROAD			Street Address		
City MILLINTON	State NJ	Zip 07946	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NUNZIO SANTORE			Director Name AUGUST SANTORE		
Street Address 383 CARLTON ROAD			Street Address 383 CARLTON ROAD		
City MILLINTON	State NJ	Zip 07946	City MILLINTON	State NJ	Zip 07946
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	1000	
11. 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.					
Name of Authorized Representative NUNZIO J SANTORE, PRESIDENT				Date 8-18-16	
Signature of Authorized Representative <i>Nunzio J Santore</i>		SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 SEP 19 2016
 By 283812
 A.A.