



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

Annual Report for the year: 2017
Corporation

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

1. Entity ID Number 326048		2. Exact name of the Corporation Gatta Electric, Inc			
3. Principal Office Address 2 Ferncrest Drive			City Johnston	State RI	Zip 02919
4. NAICS Code 81 - Other Services (except Pu		6. Brief description of the character of business conducted in Rhode Island To perform automobile body repairs and used automobile sales.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott Gatta			Vice-President Name Scott Gatta		
Street Address 2 Ferncrest Drive			Street Address 2 Ferncrest Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Scott Gatta			Treasurer Name Scott Gatta		
Street Address 2 Ferncrest Drive			Street Address 2 Ferncrest Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Scott Gata			Director Name		
Street Address 2 Ferncrest Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			200	Common	No par value
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 SCOTT GATTA					Date 1-17-2017
Signature of Authorized Representative <i>Scott Gatta</i>					

SIGN DOCUMENT HERE **FILED**

JAN 23 2017

BY 3119 DS

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