



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

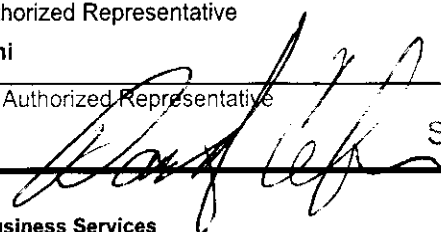
Annual Report for the year: 2017

## 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 <b>68719</b>		2. Exact name of the Corporation <b>GREAT AMERICAN RECREATIONAL EQUIPMENT, INC.</b>			
3. Principal Office Address <b>24 Stafford Court</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>31-33 - Manufacturing</b>	6. Brief description of the character of business conducted in Rhode Island <b>To engage in the business of manufacturing, selling and/or leasing at wholesale and retail, coin operated tables</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>David Celani</b>			Vice-President Name <b>David Celani</b>		
Street Address <b>633 Chestnut Hill Road</b>			Street Address <b>633 Chestnut Hill Road</b>		
City <b>Glester</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Glocester</b>	State <b>RI</b>	Zip <b>02814</b>
Secretary Name <b>David Celani</b>			Treasurer Name <b>David Celani</b>		
Street Address <b>633 Chestnut Hill Road</b>			Street Address <b>633 Chestnut Hill Road</b>		
City <b>Glocester</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Glocester</b>	State <b>RI</b>	Zip <b>02814</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			1,200		
			common		
			no par		
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. <b>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.</b>					
Name of Authorized Representative <b>David Celani</b>					Date <b>2/14/17</b>
Signature of Authorized Representative  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

FEB 21 2017

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FORM 630 - Revised: 10/2016