



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.

Please mail signed report and \$50.00
filing fee to:
Department of State
Business Services Division
148 W. River Street
Providence, RI 02904-2615

1. Entity ID Number 66679		2. Exact name of the Corporation Gambrell & Sons, Inc.			
3. Principal Office Address 1132 Aquidneck Avenue			City Middletown	State RI	Zip 02842
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Glass works, carpentry, maintenance, and all other legal business.			
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 Olin Gambrell			Vice-President Name Jane Gambrell		
Street Address P.O. Box 4536			Street Address P.O. Box 4536		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Olin Gambrell			Treasurer Name Olin Gambrell		
Street Address P.O. Box 4536			Street Address P.O. Box 4536		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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.					
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 Jane Gambrell, Vice-President					Date Feb. 17, 2017
Signature of Authorized Representative <i>Jane Gambrell</i>					

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****BY 2547 ps****SIGN HERE**