



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 95358		2. Exact name of the Corporation G.A.K. REAL ESTATE HOLDING GROUP, INC			
3. Principal Office Address 244 DAVIS DR		City PASCOAG	State RI	Zip 02859	
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island TO DEVELOP INVEST IN AND HOLD TITLE AND OWNERSHIP IN REAL ESTATE				
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 BRADLEY LAFONTAINE			Vice-President Name BRADLEY LAFONTAINE		
Street Address 915 SHERMAN FARM RD			Street Address 915 SHERMAN FARM RD		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
Secretary Name BRADLEY LAFONTAINE			Treasurer Name BRADLEY LAFONTAINE		
Street Address 915 SHERMAN FARM RD			Street Address 915 SHERMAN FARM RD		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BRADLEY LAFONTAINE			Director Name		
Street Address 915 SHERMAN FARM RD			Street Address		
City HARRISVILLE	State RI	Zip 02830	City	State RI	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		
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 BRADLEY LAFONTAINE					Date 2/21/17
Signature of Authorized Representative 					

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 27 2017

63730