



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

JA

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	
		500	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 BRADLEY LAFONTAINE			Date <i>2/21/17</i>
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 *OL*

FEB 27 2017

63730