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state of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation** 

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

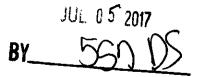
1. Entity ID Number	2. Exact name of the Corporation				
812252	GEAR PRODUC	TIONS INC.			
3. State of Incorporation		r of business conducted in Rhode Isl			
Rhode Island	GEAR GIVE EVE	RYONE A ROLE) - Prov	duct. b	_ {	
4. NAICS Code	large scale high or	olitic aduce the	auchions by	cources.	
711110	con to people of	pality educational mu all abilities at no cost	isical theat	er productions	
6. Principal Office Address	open to people of c	City	State	Zip	
250 main St		Wakefield	RI	02879	
7. List ALL officers (names and add	Iresses)	Check the	box to indicate a	n attachment	
President Name Beth Ber	-ru	Vice-President Name			
Street Address 250 Main		Street Address		<u> </u>	
city Wakefield	State RI Zip 02879	City	State	Zip	
		Treasurer Name	D	,	
Secretary Name Michelle		Great Address		1	
Street Address 25 Fresh		Street Address 75 Clev	eland '	<u>અ</u>	
City Wakefield	State RI Zip O2879	city Wakefield	State RI	zip02879	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Lynne Ha	irper	Director Name Wendy I	Bucci		
Street Address 31 Kenyo	n Ave	Street Address 17 Kings	Ridge	Rd	
City Wakefield	State R.I. Zip O2879	cityWakefield	State R.T.	Zip O2879	
Director Name Mich Muller		Director Name Roland Benjamin			
Street Address 5 Carriage Lane		Street Address 37 Rock	•		
City Kingston	State RI Zip 02881	City Wakefield	State RI	Zip O2879	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Represe	entative		Date	_	
Beth Hettrick	Berry-president		June 20	1 2017	
Signature of Officer/Authorized Repr	resentative				
Sou Weller	uk Berry	FILEN			
	[]	<b>表 多有 第二章章</b>			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



State of Rhode Island			na Divinian					
Department of \$\footnote{Comports of the year Non-Pro it Corporation}  → Filing period: June 1 - June 3  → Filing Fee: \$20.00  → Penalty: Additional \$25.00 fee	ear:  30	· · · · · · · · · · · · · · · · · · ·	—					
Entity ID Number	_	ame of the Corpor				······································		
<b>191225</b>	. Gt	GEAR Productions Inc.						
3. State of Incorporation		5. Brief description of the character of business conducted in Rhode Island						
4. NAICS Code	Pa	age 2 1	of Directors	, /				
6. Principal O⊞ce Address			City		State	Zip		
7. List ALL officers (names and	addresses)	-		Check	the box to indic	ate an attachment		
President Name			Vice-President Name		<u> </u>			
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zip		
Secretary Name		Treasurer Name	Treasurer Name					
Street Address		Street Address	Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names and	d addresses). R	Corporations MU	JST list at least THREE dire		heck the box to in	dicate an attachment		
Director Name			Director Name					

			Ç	heck the box to indica	ite an attachment
Director Name Cheryl Foster			Director Name Carol V	etter	
Street Address 126 Briarwood Drive			Street Address 188 Brianwood Drive		
city Wakefield	State RI		City Wakefield	State RI	Zip 02879
Director Name Jennifer Robinson			Director Name	·	•
Street Address a4 Paddy Hill Road			Street Address		
city Wakefield	State RI	Zip 02879	City	State	Zip
9 Registered Agent in Rhode Islan	d. This information is	s currently of record	in the Department of State, Changes	require ¿lina Form 64°	1.

9. negistered Agent in milione island. This information is currently of record in the Department of State. Changes require Zing Point 941

Under penalty of perjury, I declare and all rm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.

Name of Oll cer/Authorized Representative

th Hettrick Berry

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MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 05 2017 PS) # 812252

June 29 2017