



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>9059</b>		2. Exact name of the Corporation <b>GAMBAR PRODUCTS COMPANY, INC.</b>			
3. Principal Office Address <b>45 FULLERTON ROAD</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	
4. NAICS Code <b>332710</b>	6. Brief description of the character of business conducted in Rhode Island <b>SUB-CONTRACT MACHINE WORK</b>				
5. State of Incorporation <b>RI</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>ROBERT GAMBARDELLA</b>		Vice-President Name <b>NONE</b>			
Street Address <b>12 ROBERT CIRCLE</b>		Street Address			
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Secretary Name <b>VINCENT GAMBARDELLA</b>		Treasurer Name <b>THOMAS GAMBARDELLA</b>			
Street Address <b>30 WENTWORTH AVENUE</b>		Street Address <b>76 MILL COVE ROAD</b>			
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</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 <b>NONE</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>		Director Name <b>NONE</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized <b>500 COMMON NO P/V</b>			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
			<b>405 1/2</b>		<b>NO PAR</b>
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>VINCENT GAMBARDELLA</b>				Date <b>02/13/2018</b>	
Signature of Authorized Representative <i>Vincent Gambardella</i>			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 20 2018

BY BBB