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	2. Exact name of the Corporation			
9059	GAMBAR PRODUCTS COMPANY, INC.			
3. Principal Office Address		City	State	Zip
45 FULLERTON ROAD		WARWICK	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
332710	SUB-CONTRACT MACHINE WORK			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ROBERT GAMBARDELLA			Vice-President Name: NONE		
Street Address: 12 ROBERT CIRCLE			Street Address:		
City: JOHNSTON	State: RI	Zip: 02919	City:	State:	Zip:
Secretary Name: VINCENT GAMBARDELLA			Treasurer Name: THOMAS GAMBARDELLA		
Street Address: 30 WENTWORTH AVENUE			Street Address: 76 MILL COVE ROAD		
City: WARWICK	State: RI	Zip: 02889	City: WARWICK	State: RI	Zip: 02889

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized: 500 COMMON NO PAR

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
405½		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	Date
VINCENT GAMBARDELLA	02/13/2018

Signature of Authorized Representative: Vincent Gambardella — 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

FORM 630 - Revised: 10/2017