



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 MAR -7 PM 2:46

1. Entity ID Number 97075		2. Exact name of the Corporation GRAVITY STORM, INC.			
3. Principal Office Address 33 WHITETAIL LANE		City TIVERTON		State RI	Zip 02878
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PROVIDING COMPUTER CONSULTING TO THE GENERAL PUBLIC, PERFORMING COMPUTER HARDWARE INSTALLATION, NETWORKING INSTALLATION AND COMPUTER PROGRAMING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name THOMAS J. DAVEY			Vice-President Name THOMAS J. DAVEY		
Street Address 33 WHITETAIL LANE			Street Address 33 WHITETAIL LANE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name THOMAS J. DAVEY			Treasurer Name THOMAS J. DAVEY		
Street Address 33 WHITETAIL LANE			Street Address 33 WHITETAIL LANE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES 100		CLASS/SERIES COMMON		PAR VALUE NONE	
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 THOMAS J. DAVEY					Date 3/2/18
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govMAR 07 2018
BY 326108 A.A.

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