RI SOS Filing Number: 201867566630 Date: 5/29/2018 8:50:00 AM

State of Rhode Island and Providence Plantations Department of State - Business Services Division Annual Report for the year:					RECEIVED SECRETARY OF STAT CORPORATIONS DIV		
Annual Report for th							
Corporation			- 2018 MAY 29 AM 8: 41				
 → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$2 		ot filed by April 1.				- /// O- Q-	
1. Entity ID Number		ne of the Corporation	<u></u>				
144937	GGJEM,	•					
3. Principal Office Address			City	St	ate	Zip	
42 Kingswood Ct			Wakefield	R	i	02879	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business condu	cted in Rhode Island			
531390	Real Estate	Real Estate					
5. State of Incorporation							
RI							
7. List ALL officers (names a	and addresses)			Check the b	ox to indica	ite an attachment D	
President Name Melissa Taylor			Vice-President Nam	Vice-President Name George Taylor			
Street Address 42 Kingswood Court			Street Address 42 Kingswood Court				
City Wakefield	State RI	^{Zip} 02879	City Wakefield		^{ate} Ri	Zip 02879	
Secretary Name Melissa Taylor			Treasurer Name George Taylor				
Street Address Same			Street Address San	Street Address Same			
City	State	Zip	City	St	ate	Zip	
8. List ALL directors (names	and addresses)			Check the b	ox to indica	ate an attachment	
Director Name			Director Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	St	ate	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	St	ale	Zip	
9. Shares Authorized		10. Shares Is	sued	Check the t	ox to indica	ate an attachment [
This information is currently of record in the Department of State.					T	PAR VALUE	
Changes require an additiona	ıl f iling .	0				· · · · · · · · · · · · · · · · · · ·	
				A' - ISAL			
11. This report must be executivistee, this report must be					n is in the h	ands of a receiver (
Under penalty of perjury, I	declare and affirm	that I have exami	ned this report, includ		ying sched	lules and	
statements, and that all st Name of Authorized Repres		i nerein are true a	nd correct.	In:	ate		
Melissa Taylor					5/21/18		

MAIL TO:

Division of Business Services

Signature /1/Authorized Representative

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

Phone: (401) 222-3040 Website: www.sos.ri.gov q:50

SIGN DOCUMENT HERE

MAY 2 9 2018

FORM 630 - Revised: 10/2017