RI SOS Filing Number: 201869923990 Date: 6/18/2018 4:00:00 PM

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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

Entity ID Number	2. Exact name	2. Exact name of the Corporation								
000793620	GORDON	280	OCTOR & AS	SOCIATE	S, INC.					
Principal Office Address				City				Zıp		
7825 WILTSHIRE DRIVE				DUBL	IN		ОН	43016		
4. NAICS Code		ption (of the character of t		siness conducted in Rhode Island					
541990										
5 State of Incorporation										
ОН	CONSUL	TINO	S SERVICE							
7. List ALL officers (names a			3 02102		Ch	eck the bo	x to indica	ate an attachment	il	
President Name	Vice-President Name									
GOL CON										
Street Address	Street Address									
<u> 7825</u>	Wiltshire	٠ ـ ـ ـ	<u> </u>							
City DUNIN	State	Zip	13016	City		State		Zip		
Secretary Name	Treasurer Name									
Street Address				Street Address						
City	State	Zig)	City		State		Zip		
8. List ALL directors (names	and addresses)		<u></u> _		Ch	L eck the bo	x to indica	ate an attachment	\Box	
Director Name				Director N	Director Name					
Street Address				Street Address						
City	State	Zij)	City	· · · · · · · · · · · · · · · · · · ·	State		Zıp		
Director Name				Director Name						
Street Address				Street Address						
City	State	Zij)	City		State		Zıp		
9 Shares Authorized	`		10. Shares Issue	10. Shares Issued		Check the box to		ate an attachment		
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SERIES 500		IFS	PAR VALUE				
						1				
Changes require an addition	nal filing.		<u> </u>							
11. This report must be execu	ted on behalf of the	согра	ration by an author	ized representa	itive. If the corporation	is in the h	ands of a	receiver or		
trustee, this report must be ex										
Under penalty of perjury					oort, including any	accomp	anying s	chedules and		
statements, and that all		ained	herein are true	and correct.						
Name of Authorized Representative					Date 4/17/12015			,		
Signature of Authorized Reprince GORDON PROCTOR								·		

MAIL TO:

Division of Business Services

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

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

