



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

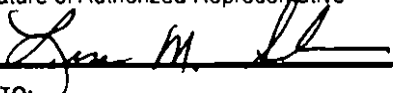
Annual Report for the year: **2019**

## 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<br><b>10885</b>   |                    | 2. Exact name of the Corporation<br><b>GIL'S TELEVISION APPLIANCES, INC.</b>                                      |   |                        |                     |
| 3. Principal Office Address<br><b>397 Metacom Avenue</b>  |                    |   | City<br><b>Bristol</b>                        | State<br><b>RI</b>     | Zip<br><b>02809</b> |
| 4. NAICS Code<br><b>44-45 Retail Trade</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Appliance sales and service</b> |   |                        |                     |
| 5. State of Incorporation<br><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<br><b>Lisa M. Sienkiewicz</b>  |                    |   | Vice-President Name<br><b>Gail A. Parella</b> |                        |                     |
| Street Address<br><b>397 Metacom Avenue</b>   |                    |   | Street Address<br><b>397 Metacom Avenue</b>   |                        |                     |
| City<br><b>Bristol</b>  | State<br><b>RI</b> | Zip<br><b>02809</b>   | City<br><b>Bristol</b>                        | State<br><b>RI</b>     | Zip<br><b>02809</b> |
| Secretary Name<br><b>Joseph Parella</b>   |                    |   | Treasurer Name<br><b>Lisa M. Sienkiewicz</b>  |                        |                     |
| Street Address<br><b>397 Metacom Avenue</b>   |                    |   | Street Address<br><b>397 Metacom Avenue</b>   |                        |                     |
| City<br><b>Bristol</b>  | State<br><b>RI</b> | Zip<br><b>02809</b>   | City<br><b>Bristol</b>                        | State<br><b>RI</b>     | Zip<br><b>02809</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   |                    |   | 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 <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.<br><br>Changes require an additional filing.  |                    |   | NUMBER OF SHARES                              |                        |                     |
|   |                    |   | CLASS/SERIES                                  |                        |                     |
|   |                    |   | PAR VALUE                                     |                        |                     |
|   |                    |   | 500   | Voting Common          | No Par              |
|   |                    |   | 500   | NonVoting Common       | 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. |                    |   |   |                        |                     |
| <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<br><b>Lisa M. Sienkiewicz, President</b>  |                    |   |   | Date<br><b>1/16/19</b> |                     |
| Signature of Authorized Representative<br>   |                    |   |   |                        |                     |

SIGN DOCUMENT HERE

FILED

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 22 2019

BY

20517

FORM 630 - Revised: 10/2017