



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.

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number 127011		2. Exact name of the Corporation gADVISORS, INC.			
3. Principal Office Address 1300 HIGHLAND CORPORATE DR., SUITE 203		City CUMBERLAND		State RI	Zip 02864
4. NAICS Code 541512	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE, MANAGE, CONDUCT AND OPERATE THE BUSINESS OF COMPUTER NETWORK INTEGRATION AND COMPUTER CONSULTING SERVICES				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN J. GIETZ			Vice-President Name STEVEN J. GIETZ		
Street Address 1300 HIGHLAND CORPORATE DR., SUITE 203			Street Address 1300 HIGHLAND CORPORATE DR., SUITE 203		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name STEVEN J. GIETZ			Treasurer Name STEVEN J. GIETZ		
Street Address 1300 HIGHLAND CORPORATE DR., SUITE 203			Street Address 1300 HIGHLAND CORPORATE DR., SUITE 203		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN J. GIETZ			Director Name NONE		
Street Address 1300 HIGHLAND CORPORATE DR., SUITE 203			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		NO PAR VALUE	
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 STEVEN J. GIETZ					Date 1-4-19
Signature of Authorized Representative 					
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

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BY Ch CLK# 16301

FORM 630 - Revised: 10/2017