



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
Corporation

2019 FEB 14 11:49:53

- 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 000146068		2. Exact name of the Corporation G & M Construction, Inc.			
3. Principal Office Address 3 Hollow Ridge Road			City Rumford	State RI	Zip 02916
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island To engage in swimming pool construction and to own and operate a general construction business.				
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 Gilberto DaSilva			Vice-President Name Mary D. DaSilva		
Street Address 3 Hollow Ridge Road			Street Address 3 Hollow Ridge Road		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name Gilberto DaSilva			Treasurer Name Mary D. DaSilva		
Street Address 3 Hollow Ridge Road			Street Address 3 Hollow Ridge Road		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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 Gilberto DaSilva, President					Date 2.6.19
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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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