



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 <b>160726</b>		2. Exact name of the Corporation <b>G.P. PERFORMANCE CONCEPTS, INC.</b>			
3. Principal Office Address <b>89 LOWER ROAD</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
4. SIC Code <b>447190</b>		6. Brief description of the character of business conducted in Rhode Island <b>MARINE (BOAT REPAIR) AND AUTO REPAIR PARTS AND SERVICE.</b>			
5. State of Incorporation <b>RHODE ISLAND</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 <b>GERALD PLANTE, JR</b>			Vice-President Name <b>SCHELENE PLANTE</b>		
Street Address <b>2 UMBRELLA WAY</b>			Street Address <b>2 UMBRELLA WAY</b>		
City <b>MANVILLE</b>	State <b>RI</b>	Zip <b>02838</b>	City <b>MANVILLE</b>	State <b>RI</b>	Zip <b>02838</b>
Secretary Name <b>SCHELENE PLANTE</b>			Treasurer Name <b>GERALD PLANTE, JR</b>		
Street Address <b>2 UMBRELLA WAY</b>			Street Address <b>2 UMBRELLA WAY</b>		
City <b>MANVILLE</b>	State <b>RI</b>	Zip <b>02838</b>	City <b>MANVILLE</b>	State <b>RI</b>	Zip <b>02838</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 <b>NONE</b>			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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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. <i>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.</i>					
Name of Authorized Representative <b>GERALD PLANTE, JR</b>					Date <b>2-1-19</b>
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
FEB 21 2019  
BY **6943**