RI SOS Filing Number: 201913977290 Date: 8/19/2019 4:00:00 PM

(FF)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

FILEDMP

Corporation

AUG 1 9 2019

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

3103405

Penalty: Additional \$25.00 fee if form is not filed by April 1.					B1——	<u> </u>	
1. Entity ID Number 000121152		2. Exact name of the Corporation G&G Technologies, Inc.					
Principal Office Address Grandview Street			City Coventry	****	State RI	Zip 02816	
4. NAICS Code 339999 5. State of Incorporation Rhode Island		6. Brief description of the character of business conducted in Rhode Island To provide consulting and related services to the pharmaceutical industry of every nature, kind or manner					
7. List ALL officers (names ar President Name Genko V. Ger	Check the box to indicate an attachment ☐ Vice-President Name						
Street Address 6 Grandview Street			Street Address				
^{City} Coventry	State RI	^{Z;p} 02816	City		State	Zıp	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses) Director Name Genko V. Genev Street Address 6 Grandview Street			Check the box to indicate an attachment Director Name Street Address				
City Coventry	State RI	^{Zip} 02816	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Žip	City		State	Zio	
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		100		STK		PAR VALUE	
11. This report must be execu		corporation by an	authorized center	sontative. If the co	rporation is in the	hands of a resolver as	
trustee, this report must be ex Under penalty of perjury, I d	recuted on behalf of declare and affirm to	the corporation by that I have examin	the receiver or tr ed this report, i	rustee.			
statements, and that all stat		herein are true an	d correct.			<u> </u>	
Name of Authorized Represer Genko V. Genev		Date 08/16/2019					
Signature of Authorized Repre	sentative	SIGN DO	ONEN HERE	2			
		\sim \sim	4				

MAIL TO:

Division of Business Services

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

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