



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 <u>001680467</u>		2. Exact name of the Corporation <u>Gunter Group, Inc.</u>			
3. Principal Office Address <u>99 Fosdyke St</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02906</u>
4. NAICS Code <u>541611</u>		6. Brief description of the character of business conducted in Rhode Island <u>Business Consulting Services</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Susan Gunter</u>			Vice-President Name <u>Geoffrey Gunter</u>		
Street Address <u>99 Fosdyke St</u>			Street Address <u>99 Fosdyke St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
Secretary Name <u>None</u>			Treasurer Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>None</u>			Director Name <u>None</u>		
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
		<u>1,000</u>	<u>STK</u>	<u>\$ 0.01</u>	
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 <u>Susan Gunter</u>				Date <u>9/28/2019</u>	
Signature of Authorized Representative <u>[Signature]</u>				FILED SIGN DOCUMENT HERE <u>KM</u> OCT 07 2019	