



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

Annual Report for the year: 2020
Corporation

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

FILED

JAN 21 2020

3897

1. Entity ID Number 934143		2. Exact name of the Corporation Gamm Financial Group, Inc.												
3. Principal Office Address 2155 DIAMOND HILL ROAD, SUITE 2			City CUMBERLAND	State RI	Zip 02864									
4. NAICS Code 523930		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ANY LAWFUL 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 DANIEL A. GAMM			Vice-President Name											
Street Address 2155 DIAMOND HILL ROAD, SUITE 2			Street Address											
City CUMBERLAND	State RI	Zip 02864	City	State	Zip									
Secretary Name DANIEL A. GAMM			Treasurer Name DANIEL A. GAMM											
Street Address 2155 DIAMOND HILL ROAD, SUITE 2			Street Address 2155 DIAMOND HILL ROAD, SUITE 2											
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			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>\$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	\$0.01			
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100	COMMON	\$0.01												
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 DANIEL A. GAMM				Date 1/21/20										
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