



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
SECRETARY OF STATE
CORPORATION
STAMP

2020 JAN 29 PM 2:32

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000791299		2. Exact name of the Corporation GIO CORP INC			
3. Principal Office Address 15 HARRIET STREET			City PROVIDENCE	State RI	Zip 02905
4. NAICS Code 238390	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name JAMES GIOVAGNIOLLI			Vice-President Name SAME		
Street Address 15 HARRIET STREET			Street Address		
City PROVIDENCE	State RI	Zip 02905-2105	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name JAMES GIOVAGNIOLLI			Director Name		
Street Address 15 HARRIET STREET			Street Address		
City PROVIDENCE	State RI	Zip 02905-2105	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐			
Changes require an additional filing.		NUMBER OF SHARES 500	CLASS/SERIES CWP	PAR VALUE \$0.0100	
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 JAMES GIOVAGNIOLLI				Date 01/03/2020	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

FILED

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

JAN 29 2020
BY *CH 1H50B*
FORM 630 - Revised: 10/2017
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