Corporation	<u> </u>	220	_		FEB 03	2020
 → Filing period: January 1 - I → Filing Fee: \$50.00 → Penalty: Additional \$25.00 	·	led by April 1.		BY_	14	860
Entity ID Number	2. Exact name o	f the Corporation	<u>.</u>			
9059	Gambai	Products Com	pany, Inc.			
3. Principal Office Address			City	S	tate	Zip
45 Fullerton Road			Warwick		RI	02886
5. State of Incorporation	•	on of the charact ntract machine v	er of business conducted work	d in Rhode Islan	d	
RI			·			
7. List ALL officers (names and ac	ldresses)		Drive Description Name	Check the	box to inc	dicate an attachment
President Name Robert Ga	Vice-President Name Vincent Gambardella					
Street Address 12 Robert Circle			Street Address 30 Wentworth Avenue			
City Johnston	State RI	Zip 02919	City Warwick	\ 	State RI	Zip 02889
Secretary Name Vincent Gambardella			Treasurer Name Thomas Gambardella			
Street Address 30 Wentwo	orth Avenue		Street Address 76 Mill Co			
City Warwick	State RI	Zφ 02889	City Warwick	[8	State RI	Zip 02889
8. List ALL directors (names and				Check the		dicate an attachment
			Director Name None	Check the		dicate an attachment
8. List ALL directors (names and a Director Name None		02000	Director Name	Check the		dicate an attachment
8. List ALL directors (names and a Director Name None		Zıp	Director Name None			Zip
8. List ALL directors (names and a Director Name None Street Address	addresses)		Director Name None Street Address		box to in	
8. List ALL directors (names and a Director Name None Street Address City Director Name	addresses)		Director Name None Street Address City Director Name		box to in	
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8. List ALL directors (names and a Director Name None Street Address City Director Name None Street Address City	addresses) State	Zip Zip 10. Shares Iss	Director Name None Street Address City Director Name None Street Address City	S	State	Zip Zip dicate an attachment
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8. List ALL directors (names and a Director Name None Street Address City Director Name None Street Address City 9. Shares Authorized 500 Co This information is currently of recoperatment of State. Changes require an additional filing the statements, and that all statements, and that all statements.	State State State State On behalf of the couted on behalf of the lare and affirm the lare and affirm the lare scontained hearts contained hearts.	Zip 10. Shares Iss NUMBER O proporation by an accorporation by at I have examin	Director Name None Street Address City Director Name None Street Address City sued F SHARES authorized representative the receiver or trustee and this report, including	Check the class/series	State State box to in	Zip Zip dicate an attachment PAR VALUE No Par ne hands of a receiver or
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FILED

MAIL TO:

Division of Business Services

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

Department of State - Business Services Division

2020

Annual Report for the year:

Corporation

Phone: (401) 222-3040