



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

**FILED**

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.

FEB 03 2020

BY

*21185*

1. Entity ID Number <b>10885</b>		2. Exact name of the Corporation <b>GIL'S TELEVISION APPLIANCES, INC.</b>			
3. Principal Office Address <b>397 Metacom Avenue</b>		City <b>Bristol</b>		State <b>RI</b>	Zip <b>02809</b>
4. NAICS Code <b>443141</b>		6. Brief description of the character of business conducted in Rhode Island <b>Appliance sales and service</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Lisa M. Sienkiewicz</b>			Vice-President Name <b>Gail A. Parella</b>		
Street Address <b>397 Metacom Avenue</b>			Street Address <b>397 Metacom Avenue</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Joseph Parella</b>			Treasurer Name <b>Lisa M. Sienkiewicz</b>		
Street Address <b>397 Metacom Avenue</b>			Street Address <b>397 Metacom Avenue</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
500		Voting Common		No Par	
500		NonVoting Common		No Par	
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 <b>Lisa M. Sienkiewicz, President</b>					Date <b>1-30-2020</b>
Signature of Authorized Representative <i>[Signature]</i>					

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