



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

FEB 03 2020

BY 1057

1. Entity ID Number 69861		2. Exact name of the Corporation Gibco Realty, Inc.	
3. Principal Office Address 2067 MINERAL SPRING AVE		City NO. PROVIDENCE	State RI
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Buying, selling and renting real estate.	
5. State of Incorporation Rhode Island		Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert W. Gibbons		Vice-President Name Bobbi Sue Telliocci	
Street Address 2067 Mineral Spring Avenue		Street Address 241 CELLARS WAY	
City WALLACE	State NC	City 28466	State NC
Secretary Name Robert W. Gibbons		Treasurer Name Robert W. Gibbons	
Street Address Same		Street Address Same	
City	State	City	State
Zip	Zip	Zip	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Robert W. Gibbons		Director Name	
Street Address Same		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	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.		NUMBER OF SHARES 100	CLASS SERIES COMMON
Changes require an additional filing.		PAR VALUE 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 Robert W. Gibbons		Date 1-27-2020	
Signature of Authorized Representative <i>Robert W. Gibbons</i>			