



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
[Signature]

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	Zip 02911	
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					
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	Zip 28466	City	State	Zip
Secretary Name Robert W. Gibbons			Treasurer Name Robert W. Gibbons		
Street Address Same			Street Address Same		
City	State	Zip	City	State	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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. Changes require an additional filing.			NUMBER OF SHARES CLASS SERIES PAR VALUE		
			100	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. <i>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.</i>					
Name of Authorized Representative Robert W. Gibbons				Date 1-27-2020	
Signature of Authorized Representative <i>Robert W. Gibbons</i>					

MAIL TO:
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