



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

SOS

MAY 05 2020

KL 44V5F

1. Entity ID Number 91991		2. Exact name of the Corporation GERRY ENTERPRISES, INC.			
3. Principal Office Address 200 Lt. James Brown Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To operate and conduct a restaurant.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul R. Storti			Vice-President Name Charlene Storti		
Street Address 200 Lt. James Brown Road			Street Address 200 Lt. James Brown Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Charlene Storti			Treasurer Name Paul R. Storti		
Street Address 200 Lt. James Brown Road			Street Address 200 Lt. James Brown Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul R. Storti			Director Name Charlene Storti		
Street Address 200 Lt. James Brown Road			Street Address 200 Lt. James Brown Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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.					
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 Paul R. Storti					Date 4/21/20 , 2020
Signature of Authorized Representative <i>Paul R. Storti</i>					SIGN DOCUMENT HERE