



State of Rhode Island

Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 SEP 21 PM 1:02

 Annual Report for the year: 20 20
 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000509193		2. Exact name of the Corporation GE TF TRUST									
3. Principal Office Address 901 MAIN AVENUE			City NORWALK	State CT	Zip 06851						
4. NAICS Code 525920		6. Brief description of the character of business conducted in Rhode Island XX Trusts, Estates, and Agency Accounts.									
5. State of Incorporation DELAWARE											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name JOHN VONLANGEN			Vice-President Name								
Street Address 901 MAIN AVENUE			Street Address								
City NORWALK	State CT	Zip 06851	City	State	Zip						
Secretary Name VICTORIA VRON			Treasurer Name ANA CHADWICK								
Street Address 901 MAIN AVENUE			Street Address 901 MAIN AVENUE								
City NORWALK	State CT	Zip 06851	City NORWALK	State CT	Zip 06851						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name ANA CHADWICK			Director Name								
Street Address 901 MAIN AVENUE			Street Address								
City NORWALK	State CT	Zip 06851	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE		
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
NONE											
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 John VonLangen				Date 9/9/20							
Signature of Authorized Representative 											

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

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FORM 630 - Revised: 08/2020