



State of Rhode Island
Department of State - Business Services Division

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.

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BUS SVCS DIV

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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 Check the box to indicate an attachment <input type="checkbox"/>		
			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