



State of Rhode Island  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Limited Liability Company  
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 001099769

2. Exact Name of the Limited Liability Company GBAL ACQUISITION, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541611

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO ACT DIRECTLY, AS A PARTNER OR OTHERWISE, TO PROVIDE CONSULTING SERVICES.

5. Principal Office Address

No. and Street: C/O GORDON BROTHERS GROUP, LLC  
800 BOYLSTON STREET, 27TH FLOOR

City or Town: BOSTON

State: MA

Zip: 02199

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: GORDON BROTHERS GROUP, LLC PRUDENTIAL TOWERS  
800 BOYLSTON STREET, 27TH FLOOR

City or Town: BOSTON

State: MA Zip: 02199 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS

Title

Individual Name

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

MANAGER	MICHAEL G FRIEZE	C/O GORDON BROTHERS GROUP,LLC,800 BOYLSTON ST.,27TH FL BOSTON, MA 02199 USA
MANAGER	KENNETH G FRIEZE	C/O GORDON BROTHERS GROUP,LLC,800 BOYLSTON ST.,27TH FL BOSTON, MA 02199 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 30 Day of October, 2020 at 9:01:39 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LESLIE L. ZMUGG  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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