		2071617060			M		
				RECEIVED DEPT. OF ST BUS SVCS DI	•		
State of Rhode Island		- Comisos N	ivision $R.I$. DEDT VEC) ^		
State of Rhode Island Department of State	- Busines	2 261 AICE2 D	14131011	BUS SUCH ST	ATE C		
	_ 1			TO SACS DI	V	-1	
Annual Report for the year:	20	19	_	OCT 21 A 9		'	
Corporation				A	÷ 30		
→ Filing period: January 1 - Marc	ch 1				-0		
→ Filing Fee: \$50.00		led by Antil 1					
Longity Additional \$25.00 lee 1	f form is not i	iled by April 11					
1. Entity ID Number 2.	Exact name of	of the Corporation	Gas 10 DOC				
001688438	('wntav	c Kluth	Gouppic	, 	lo:		
			Norwo	. 1	State	Zip	
3. Principal Office Address 1410 Principal Office Address 1410 Principal Office Address 15. Brief description of the character					MA	02045	
1410 Kondana Hos	1001 - 1	ing of the charact	er of business cond	fucted in Rhode Is	and		
4. NAICS Code	5. Brief descrip	tion of the charact	poul estate	. monugem	ent		
1531110	MSWI	shor unu	ERU (COL-1)C	. Manager.	•]	
5. State of Incorporation							
IMΔ					u - luan ka tault		
7. List ALL officers (names and addr	nessos)		Vice-President Na		ne box to indic	ate an attachment	
President Name Contract			Vico-President ive	"" Hore	1		
			Street Address			- <u> </u>	
140 Providence Hu	1 20 1K 1	06			· · · · · · · · · · · · · · · · · · ·		
City	MA A	1020167	City		State	Zp 1010	
Secretary Name	<u> </u>	100002	Treasurer Name		<u> </u>	1 80 (2)	
Jean Ly Marie				•		NON CO.	
Street Address			Street Address			1	
62		15:				<u>. </u>	
City	318	Zip	City		State	Zip >	
8. List ALL directors (names and addre		Check the	e hox to Indical	te an attachment			
Director Name NONC			Director Name				
Street Address							
33307 201035			Street Address				
City Sta	te	Zip	City	[5	State	Zip	
Oir- and a second						1	
Director Name Direct				Director Name			
Street Address		<u> </u>	Street Address				
				Ist	ate	Zip	
City	te	Zip	City				
9. Shares Authorized		10. Shares Issue	d	Check the t	oox to indicate	an attachment	
This information is currently of record in	the	NUMBER OF SE		CLASS/SERIES_		PAR VALUE	
COLLEGE OF COLLEGE OF LECOLO III	Department of State.					O = 1	
Department of State.		V	. 1				
Department of State.		None					
Changes require an additional filing.						de of a receiver of	
Changes require an additional filing. 11. This report must be executed on help	half of the con	oration by an aut	horized representa	tive. If the corporation	on is in the han	ds of a receiver or	
Changes require an additional filing. 11. This report must be executed on being trustee, this report must be executed on Under penalty of perfury. I declare an	behalf of the	corporation by an aut	e receiver or trustee this moort, include	3			
Changes require an additional filing. 11. This report must be executed on being trustee, this report must be executed or Under penalty of perjury, I declare an statements, and that all officers.	behalf of the	corporation by an aut	e receiver or trustee this moort, include	ing any accompa	nying schedul		
Changes require an additional filing. 11. This report must be executed on being trustee, this report must be executed or Under penalty of perjury, I declare an statements, and that all statements of Name of Authorized Representative	behalf of the defirm that contained her	corporation by an aut corporation by the I have examined ein are true and	e receiver or trustee this moort, include	ing any accompa			
Changes require an additional filing. 11. This report must be executed on being trustee, this report must be executed on Under penalty of perjury, I declare an statements, and that all statements of Name of Authorized Representative	n behalf of the nd affirm that contained her	corporation by an aut corporation by the I have examined ein are true and	e receiver or trustee	ing any accompa	nying schedul		
Changes require an additional filing. 11. This report must be executed on being trustee, this report must be executed on Under penalty of perjury, I declare an statements, and that all statements of Name of Authorized Representative	n behalf of the nd affirm that contained her	corporation by an aut corporation by the I have examined ein are true and	e receiver or trustee	ing any accompa	nying schedul		
Changes require an additional filing. 11. This report must be executed on being trustee, this report must be executed or Under penalty of perjury, I declare an statements, and that all statements of Name of Authorized Representative	n behalf of the nd affirm that contained her	corporation by an aut corporation by the I have examined ein are true and	e receiver or trustee	oling any accompa	nying schedul		
Changes require an additional filing. 11. This report must be executed on beingstee, this report must be executed on Under penalty of perfury, I declare an statements, and that all statements of Name of Authorized Representative Signature of Authorized Representative	n behalf of the nd affirm that contained her	corporation by an aut corporation by the I have examined ein are true and	this report, include correct.	ding any accompa	nying schedul Date	S 20	
Changes require an additional filing. 11. This report must be executed on beingstee, this report must be executed on Under penalty of perjury, I declare an statements, and that all statements of Name of Authorized Representative Signature of Authorized Representative MAIL TO: Division of Business Communications	behalf of the and affirm that contained her	corporation by an aut corporation by the I have examined ein are true and	this report, include correct.	ding any accompa	nying schedul Date		
Changes require an additional filing. 11. This report must be executed on beingstee, this report must be executed on Under penalty of perfury, I declare an statements, and that all statements of Name of Authorized Representative Signature of Authorized Representative	behalf of the and affirm that contained her	corporation by an aut corporation by the I have examined ein are true and	this report, include correct.	oling any accompa	nying schedul Date	S 20	