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State of Rhode Island

Department of State - Business Services Division

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FEB 01 2021

BY

Annual Report for the year: 2021
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	2. Exact name of the Corporation
62745	G & S Automotive Service and Machine Shop, Inc.

3. Principal Office Address	City	State	Zip
2311 West Main Road	Portsmouth	RI	02871

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811111	Automotive Repair Shop
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jason K. Gaisford			Vice-President Name: Kenneth A. Gaisford		
Street Address: 15 Faulkner Street			Street Address: 80 Old County Road		
City: Westport	State: MA	Zip: 02790	City: Westport	State: MA	Zip: 02790
Secretary Name: Carol Ann Gaisford			Treasurer Name: Jason K. Gaisford		
Street Address: 15 Faulkner Road			Street Address: 15 Faulkner Road		
City: Westport	State: MA	Zip: 02790	City: Westport	State: MA	Zip: 02790

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ☐

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	Date
Jason Gaisford	1/25/21
Signature of Authorized Representative: Jason Gaisford	

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

FORM 630 - Revised: 08/2020