RI SOS Filing Number: 202190392330 Date: 2/8/2021 10:43:00 AM

State of Rhode Isl				_		
Department	of State - Bu	siness Serv	rices Division			
Annual Report for the year: 2019					STAMP	
Limited Liability Company				₩ <u></u> .		
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00					REC US S	
→ Penalty: Additional \$	25.00 fee if form	is not filed by D	ecember 1.	_	- 00 = 00 = 00 = 00 = 00 = 00 = 00 = 00	
	<u> </u>				SFYE	
1 Entity ID Number	2. Exact n	Exact name of the Limited Liability Company			TAT	
000903950	ALL THIN	ALL THINGS GEMMA I.I.C			# H	
3. NAICS Code 541990		Brief description of the character of business conducted in Rhode Island IT SECURITY AND CONSULTING				
5. State of Formation	_					
RI						
6. Principal Office Address			City	State	Zip	
6 TAMEO LANE			SMITHFIELD	RI	02917	
7. Mailing Address of Limite	ed Liability Compa	any and Name or	r Title of Contact Person	<u> </u>		
Contact Name JAMES GEMMA			Contact Title OWNER			
Street Address 6 TAMEO LANE			City SMITHFIELD	State RI	Zip 02917	
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST I	1	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	7:0		leu.		
	Sidie	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
			<u> </u>	Check the box to i	 indicate an attachment ☐	
			RI Department of State is accura			
Under penalty of perjury, statements, and that all s	l declare and affi tatements conta	irm that I have ined herein are	examined this report, including true and correct.	any accompanyin	g schedules and	
Name of Authorized Person				Date		
JAMES GEMMA				2/6/2021		
Signature of Authorized Pe				<u> </u>		
James G	ımma					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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