State of Rhode Isl	land			_		
Department	of State - Bu	siness Servi	ces Division			
Annual Report for the year: 2019 Limited Liability Company					STAMP	
→ Filing period: September 1 - November 1				₩		
→ Filing Fee: \$50.00					REC US S	
→ Penalty: Additional \$	25.00 fee if form	is not filed by De	cember 1.		<u> </u>	
					SFE	
1 Entity ID Number	2. Exact na	Exact name of the Limited Liability Company				
000903950	ALL THIN	ALL THINGS GEMMA I.I.C			D VATE	
3. NAICS Code 541990		4. 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	Title of Contact Person			
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 L	iability Company, IF APPLICABI	E - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	l			Check the box to	indicate an attachment [
9 The Resident Agent info	rmation currently o	of record with the	RI Department of State is accura			
	I declare and aff	irm that I have ex	camined this report, including			
Name of Authorized Person				Date		
JAMES GEMMA				2/6/2021		
	rson			1		
Signature of Authorized Pe	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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