RI SOS Filing Number: 202193546640 Date: 3/3/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

MAR 03 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		
8781	Gagecon, Inc.		
3. Principal Office Address	City	State	Zip
50 Belver Avenue	North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
339999	Machinery manufacturer.		
5. State of Incorporation			
Rhode Island			

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

President Name	Vice-President Name
Michael Brandmeier	
Street Address: 50 Belver Avenue	Street Address:
City: North Kingstown; State: RI; Zip: 02852	City: ; State: ; Zip:
Secretary Name: Kenjiro Ashitani	Treasurer Name: David Jose
Street Address: 50 Belver Avenue	Street Address: 50 Belver Avenue
City: North Kingstown; State: RI; Zip: 02852	City: North Kingstown; State: RI; Zip: 02852

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
600	STK	$0.01
1,000	STK	$5.00

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
David Jose	02/11/2021

Signature of Authorized Representative

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