



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
FILEDFOR
FEB 16 2022

BY

1. Entity ID Number 001685207		2. Exact name of the Corporation Gangway Group, Ltd.									
3. Principal Office Address 144 Wayland Avenue			City Providence	State RI	Zip 02906						
4. NAICS Code 531312	6. Brief description of the character of business conducted in Rhode Island Real estate										
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>						
President Name Stephen M. Brusini			Vice-President Name Theodore Orson								
Street Address 144 Wayland Avenue			Street Address 144 Wayland Avenue								
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906						
Secretary Name Stephen M. Brusini			Treasurer Name Theodore Orson								
Street Address 144 Wayland Avenue			Street Address 144 Wayland Avenue								
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906						
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>						
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			10. Shares Issued								
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>								
Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>.01</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		.01
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100		.01									
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 Stephen M. Brusini				Date 1/31/22							
Signature of Authorized Representative <i>[Signature]</i> , President											

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: 11/2021