



State of Rhode Island

## Department of State - Business Services Division

FILED

JAN 25 2023

BY 2658  
OSAnnual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number <u>84382</u>		2. Exact name of the Corporation <u>Gateway Family Group, Inc</u>	
3. Principal Office Address <u>982 FRENCHTOWN RD.</u>		City <u>E. GREENWICH</u>	State <u>RI</u>
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE SALES</u>	
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>DAVID P. TANNUCCI/II</u>		Vice-President Name	
Street Address <u>982 FRENCHTOWN RD.</u>		Street Address	
City <u>E. GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	
Secretary Name <u>SHAWN TANNUCCI/II</u>		Treasurer Name	
Street Address <u>982 FRENCHTOWN RD.</u>		Street Address	
City <u>E. GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <u>2000</u>	CLASS/SERIES <u>COMMON</u>
		PAR VALUE <u>NONE</u>	
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. <b>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.</b>			
Name of Authorized Representative <u>DAVID P. TANNUCCI/II</u>		Date <u>1-23-2023</u>	
Signature of Authorized Representative <u>David P. Tannucci</u>			

## MAIL TO:

Division of Business Services

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