



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

STAMP

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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FOR SECRETARY OF STATE  
RI DEPT. OF STATE  
BUS SVCS DIV  
USE ONLY

2023 FEB - 1 A 10:09

1. Entity ID Number <b>001685207</b>		2. Exact name of the Corporation <b>Gangway Group, Ltd.</b>			
3. Principal Office Address <b>211 Quaker Lane Suite 201</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. NAICS Code <b>531312</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real estate</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Stephen M. Brusini</b>			Vice-President Name <b>Giovanni La Terra Bellina</b>		
Street Address <b>211 Quaker Lane Suite 201</b>			Street Address <b>211 Quaker Lane Suite 201</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Stephen M. Brusini</b>			Treasurer Name <b>Theodore Orson</b>		
Street Address <b>211 Quaker Lane Suite 201</b>			Street Address <b>211 Quaker Lane Suite 201</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			CLASS/SERIES		
			PAR VALUE		
			<b>100 Common with 0.01 Par</b>		
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 <b>Stephen M. Brusini</b>					Date <b>1/31/23</b>
Signature of Authorized Representative <i>Stephen M. Brusini</i>					

## 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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BY: HST96