



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2023

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
STAMP
 FEB 21 2023
 BY *[Signature]*

1. Entity ID Number 000020846		2. Exact name of the Corporation Gary S. Ivanson, Ltd.			
3. Principal Office Address 59 Palmer Avenue			City Tiverton	State RI	Zip 02878-4509
4 NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island General Practice of Law			
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 Gary S. Ivanson			Vice-President Name		
Street Address 59 Palmer Avenue			Street Address		
City Tiverton	State RI	Zip 02878-4509	City	State	Zip
Secretary Name Gary S. Ivanson			Treasurer Name Gary S. Ivanson		
Street Address 59 Palmer Avenue			Street Address 59 Palmer Avenue		
City Tiverton	State RI	Zip 02878-4509	City Tiverton	State RI	Zip 02878-4509
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gary S. Ivanson			Director Name		
Street Address 59 Palmer Avenue			Street Address		
City Tiverton	State RI	Zip 02878-4509	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10 Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
			PAR VALUE		No Par Value
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 <i>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.</i>					
Name of Authorized Representative Gary S. Ivanson				Date 2.17.2023	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov