



State of Rhode Island

Department of State - Business Services Division

Annual 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.

FILED

FEB 21 2023

BY

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DS

1. Entity ID Number 000102387		2. Exact name of the Corporation GCAL, Inc.			
3. Principal Office Address 1992 Victory Highway			City Glendale	State RI	Zip 02826
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To own and operate a retail restaurant and banquet hall business for production and sale of food			
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 Giovan Calapai			Vice-President Name N/A		
Street Address 92 Pinewood Lane			Street Address		
City Harrisville	State RI	Zip 02850	City	State	Zip
Secretary Name Giovan Calapai			Treasurer Name Giovan Calapai		
Street Address 92 Pinewood Lane			Street Address 92 Pinewood Lane		
City Harrisville	State RI	Zip 02850	City Harrisville	State RI	Zip 02850
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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 <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE .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 GIOVAN CALAPAI				Date 2/10/23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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