



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED

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BY 948

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- 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 000794706		2. Exact name of the Corporation Anchor Gate N Spring, Inc.									
3. Principal Office Address 221 Promenade Street			City Barrington	State RI	Zip 02806						
4. NAICS Code 493120		6. Brief description of the character of business conducted in Rhode Island Storage Space maintenance; Title 7-1.2-1701									
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 Kelvin Misiurski			Vice-President Name Kelvin Misiurski								
Street Address 221 Promenade Street			Street Address 221 Promenade Street								
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806						
Secretary Name Kelvin Misiurski			Treasurer Name Kelvin Misiurski								
Street Address 221 Promenade Street			Street Address 221 Promenade Street								
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806						
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 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.			10. Shares Issued								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	No Par
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1,000	Common	No Par									
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 Kelvin Misiurski				Date 2/23/23							
Signature of Authorized Representative											

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov