



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

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| 1. Entity ID Number 934143 | | 2. Exact name of the Corporation Gamm Financial Group, Inc. | | | | | | | | | | | | |
|--|--------------------|---|---|--------------------|-----------------------|------------------|--------------|-----------|------------|---------------|---------------|--|--|--|
| 3. Principal Office Address 888 RESERVOIR AVENUE | | | City CRANSTON | State RI | Zip 02910 | | | | | | | | | |
| 4. NAICS Code 523930 | | 6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ANY LAWFUL BUSINESS. | | | | | | | | | | | | |
| 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 DANIEL A. GAMM | | | Vice-President Name | | | | | | | | | | | |
| Street Address 888 RESERVOIR AVENUE | | | Street Address | | | | | | | | | | | |
| City CRANSTON | State RI | Zip 02910 | City | State | Zip | | | | | | | | | |
| Secretary Name DANIEL A. GAMM | | | Treasurer Name DANIEL A. GAMM | | | | | | | | | | | |
| Street Address 888 RESERVOIR AVENUE | | | Street Address 888 RESERVOIR AVENUE | | | | | | | | | | | |
| City CRANSTON | State RI | Zip 02910 | City CRANSTON | State RI | Zip 02910 | | | | | | | | | |
| 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 | | 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. | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">100</td> <td style="text-align:center;">COMMON</td> <td style="text-align:center;">\$0.01</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | COMMON | \$0.01 | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | | |
| | | 100 | COMMON | \$0.01 | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 DANIEL A. GAMM | | | | | Date 4/1/23 | | | | | | | | | |
| Signature of Authorized Representative | | | | | | | | | | | | | | |