



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

APR 06 2023

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

BY 1086

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.		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. <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 DANIEL A. GAMM					Date 4/1/23	
Signature of Authorized Representative 						