



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

APR 14 2023
 1147 82

- 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 1661272		2. Exact name of the Corporation GIG Motorsports, Ltd.			
3. Principal Office Address 5 Franklin Road, Suite 5			City East Greenwich	State RI	Zip 02818
4. NAICS Code 711310		6. Brief description of the character of business conducted in Rhode Island Hosting motorsport events			
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 Anthony Ricci			Vice-President Name Crystalmarie Marzocchi		
Street Address 31 Killian Road			Street Address 31 Killian Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Crystalmarie Marzocchi			Treasurer Name Anthony Ricci		
Street Address 31 Killian Road			Street Address 31 Killian Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anthony Ricci			Director Name Crystalmarie Marzocchi		
Street Address 31 Killian Road			Street Address 31 Killian Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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
		1000		Common	None
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 Anthony Ricci, President					Date 31 Mar 23
Signature of Authorized Representative 					

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