



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

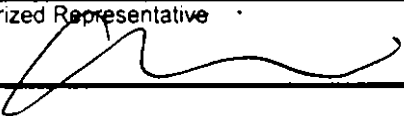
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 14 2023

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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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	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

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021