



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.

STAMP

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOR  
SECRETARY OF STATE  
USE ONLY

2023 APR 26 A 10:01

1. Entity ID Number 000045918		2. Exact name of the Corporation G.S., Inc.	
3. Principal Office Address 885 SOUTH MAIN STREET		City PASCOAG	State RI
		Zip 02859	
4. NAICS Code 423840	6. Brief description of the character of business conducted in Rhode Island PRINTING AND CREATION OF GRAPHIC ART		
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 B. JASON MOUNTFORD		Vice-President Name JOSHUA A. MOUNTFORD	
Street Address 1065 SNAKE HILL ROAD		Street Address 15 TRAY HOLLOW ROAD	
City NORTH SCITUATE	State RI	City FOSTER	State RI
Zip 02857		Zip 02825	
Secretary Name MISTI M. MOUNTFORD		Treasurer Name BERTRAND H. MOUNTFORD, JR.	
Street Address 15 TRAY HOLLOW ROAD		Street Address 20 CRANBERRY RIDGE ROAD	
City NORTH SCITUATE	State RI	City NORTH SCITUATE	State RI
Zip 02825		Zip 02857	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name BERTRAND H. MOUNTFORD, JR.		Director Name	
Street Address 20 CRANBERRY RIDGE ROAD		Street Address	
City NORTH SCITUATE	State RI	City	State
Zip 02857		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES CLASS/SE RIES PAR VALUE	
Changes require an additional filing.		60	COMMON NO PAR VALUE
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 B. JASON MOUNTFORD, PRESIDENT		Date 03/27/2023	
Signature of Authorized Representative 			

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

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BY 23322

FORM 630 - Revised: 2/2023