



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Corporation

**2024**

→ 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 <b>000160726</b>		2. Exact name of the Corporation <b>G.P. Performance Concepts, Inc.</b>	
3. Principal Office Address <b>89 Lower Road</b>		City <b>Lincoln</b>	State <b>RI</b>
		Zip <b>02865</b>	
4. NAICS Code <b>441222</b>	6. Brief description of the character of business conducted in Rhode Island <b>MARINE (BOAT REPAIR) AND AUTO REPAIR PARTS AND SERVICE TITLE: 7-1.2-1701</b>		
5. State of Incorporation <b>Rhode Island</b>			
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>Gerald E. Plante, Jr</b>		Vice-President Name <b>Carmen S. Plante</b>	
Street Address <b>2 Umbrella Way</b>		Street Address <b>2 Umbrella Way</b>	
City <b>Manville</b>	State <b>RI</b>	City <b>Manville</b>	State <b>RI</b>
Zip <b>02838</b>		Zip <b>02838</b>	
Secretary Name <b>Gerald E. Plante, Jr</b>		Treasurer Name <b>Gerald E. Plante, Jr</b>	
Street Address <b>2 Umbrella Way</b>		Street Address <b>2 Umbrella Way</b>	
City <b>Manville</b>	State <b>RI</b>	City <b>Manville</b>	State <b>RI</b>
Zip <b>02838</b>		Zip <b>02838</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>Common</b>
		PAR VALUE <b>No Par</b>	
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>Gerald E. Plante, Jr</b>		Date <b>01/02/2024</b>	
Signature of Authorized Representative <i>[Signature]</i>		<b>FILED</b> <b>JAN 23 2024</b> <b>BY [Signature]</b>	

MAIL TO:  
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