



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILEDFEB 20 2024
STAMPBY *3305*

1. Entity ID Number 000015216		2. Exact name of the Corporation GCM Corp.			
3. Principal Office Address 2745 Pawtucket Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 444120		6. Brief description of the character of business conducted in Rhode Island Sale of paint, paper and related building products.			
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 John P. McKenna			Vice-President Name Bernard F. McKenna		
Street Address 2719 Pawtucket Avenue			Street Address 2719 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Patrick J. Hanrahan			Treasurer Name Bernard F. McKenna		
Street Address 2719 Pawtucket Avenue			Street Address 2719 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John P. McKenna			Director Name Bernard F. McKenna		
Street Address 2719 Pawtucket Avenue			Street Address 2719 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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/STRIKES		
			PAR VALUE		
			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 John P. McKenna, President				Date 2/8/2024	
Signature of Authorized Representative <i>John P. McKenna</i>				SIGN DOCUMENT HERE	

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