



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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Annual Report for the year: 2024
Corporation _____

- 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 001336231		2. Exact name of the Corporation Gullwing Corporation			
3. Principal Office Address 101 Plain Street, 1st Floor, Suite 100			City Providence	State RI	Zip 02903
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE OWERNERSHIP AND MANAGEMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jason A. Sisto		Vice-President Name Jason A. Sisto			
Street Address 101 Plain Street, Suite 100		Street Address 101 Plain Street, 1st Floor, Suite 100			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Jason A. Sisto		Treasurer Name Jason A. Sisto			
Street Address 101 Plain Street, 1st Floor, Suite 100		Street Address 101 Plain Street, 1st Floor, Suite 100			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jason A. Sisto		Director Name			
Street Address 101 Plain Street, 1st Floor, Suite 100		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
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	CLASSIFRIES	PAR VALUE	
		100	CNP	\$0.0000	
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 Jason A. Sisto				Date 2.22.2024	
Signature of Authorized Representative <i>Jason A. Sisto</i>				FILED	

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

FEB 23 2024

BY Y. P. [Signature]