**State of Rhode Island**
**Department of State - Business Services Division**

**Annual Report for the year:** 2024
**Corporation**

FEB 26 2024
1930 DL

→ 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 | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 86382 | GATEWAY FAMILY GROUP INC. | | |
| **3. Principal Office Address** | **City** | **State** | **Zip** |
| 982 FRENCHTOWN RD. | EAST GREENWICH | RI | 02818 |
| **4. NAICS Code** | **6. Brief description of the character of business conducted in Rhode Island** | | |
| 531110 | REAL ESTATE RARS | | |
| **5. State of Incorporation** | | | |
| Rhode Island | | | |

**7. List ALL officers (names and addresses)** — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| DAVID IANNUCCILLI | SHARON IANNUCCILLI |
| Street Address: 982 FRENCHTOWN RD. | Street Address: 982 FRENCHTOWN RD. |
| City: E. GREENWICH State: RI Zip: 02818 | City: E. GREENWICH State: RI Zip: 02818 |
| **Secretary Name** | **Treasurer Name** |
| Street Address | Street Address |
| City State Zip | City State Zip |

**8. List ALL directors (names and addresses)** — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| DAVID IANNUCCILLI | |
| Street Address: 982 FRENCHTOWN RD. | Street Address |
| City: E. GREENWICH State: RI Zip: 02818 | City State Zip |
| Director Name: SHARON IANNUCCILLI | Director Name |
| Street Address: 982 FRENCHTOWN RD. | Street Address |
| City: E. GREENWICH State: RI Zip: 02818 | City State Zip |

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 2000 | STK | |
| | | | |

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 | Date |
|---|---|
| DAVID P. IANNUCCILLI | 2-23-2024 |
| **Signature of Authorized Representative** | |
| David P Iannuccilli | |

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