



State of Rhode Island
Department of State - Business Services Division

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.

RECEIVED
STATE OF RHODE ISLAND
MAR 11 11:02:41
STAMP

1. Entity ID Number 000097075		2. Exact name of the Corporation GRAVITY STORM, INC.			
3. Principal Office Address 33 WHITETAIL LANE			City TIVERTON	State RI	Zip 02878
4. NAICS Code 541511	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PROVIDING COMPUTER CONSULTING TO THE GENERAL PUBLIC, PERFORMING COMPUTER				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name THOMAS J. DAVEY			Vice-President Name THOMAS J. DAVEY		
Street Address 33 WHITETAIL LANE			Street Address 33 WHITETAIL LANE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name THOMAS J. DAVEY			Treasurer Name THOMAS J. DAVEY		
Street Address 33 WHITETAIL LANE			Street Address 33 WHITETAIL LANE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NONE
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 THOMAS J. DAVEY					Date 2/24/2024
Signature of Authorized Representative 					FILED 102 MAR - 4 2024 BY 1705

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