

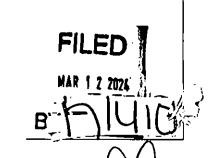
State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company**

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



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1. Entity ID Number	2. Exact name of the Limited Liability Company				
1708685	GBG Associates, LLC				
3. NAICS Code	4. Brief description of the o	4. Brief description of the character of business conducted in Rhode Island OWNERSHIP OF A MEMBERSHIP INTEREST IN A LIMITED LIABILITY			
999999	OWNERSHIP OF A				
5. State of Formation	COMPANY				
RHODE ISLAND					
6. Principal Office Address	 -	City	State	Zip	
200 FOUNDERS DRIVE		WOONSOCKET	RI	02895	
7. Mailing Address of Limited	Liability Company and Name of	or Title of Contact Person			
Contact Name BRIAN A. ABRAMEK		Contact Title MANAGER			
Street Address 200 FOUNDERS DRIVE		City WOONSOCKET	State RI	^{Zip} 02895	
8. The Resident Agent inform	nation currently of record with th	e RI Department of State is accurate.	Changes require	e filing Form 642.	
9. Under penalty of perjury statements, and that all sta	r, I declare and affirm that I ha atements contained herein are	ve examined this report, including true and correct.	any accompany	ring schedules and	
Name of Authorized Person			Date		
BRIAN A. ABRAMEK		والمحلورة	2.20.24		
Signature of Authorized Personal Duan Ollano	son		•		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov