State of Rhode Island
Department of State - Business Services Division

FILED
MAR 20 2024 NP
BY 717

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	2. Exact name of the Corporation			
1661272	GIG Motorsports, Ltd.			
3. Principal Office Address		City	State	Zip
31 Killian Road		Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
711310	Hosting motorsport events			
5. State of Incorporation				
RHODE ISLAND				

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

President Name: Anthony Ricci			Vice-President Name: Crystalmarie Marzocchi		
Street Address: 31 Killian Road			Street Address: 31 Killian Road		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Crystalmarie Marzocchi			Treasurer Name: Anthony Ricci		
Street Address: 31 Killian Road			Street Address: 31 Killian Road		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919

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

Director Name: Anthony Ricci			Director Name: Crystalmarie Marzocchi		
Street Address: 31 Killian Road			Street Address: 31 Killian Road		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	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	Date
Anthony Ricci, President	3.5.24

Signature of Authorized Representative

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

FORM 630 - Revised: 11/2021