



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.

REC'D RIDOS BSD  
24 APR 8 AM 9:37:37

STP 2

1. Entity ID Number 000045918		2. Exact name of the Corporation G.S., Inc.			
3. Principal Office Address 885 SOUTH MAIN STREET		City PASCOAG		State RI	Zip 02859
4. NAICS Code 423840	6. Brief description of the character of business conducted in Rhode Island PRINTING AND CREATION OF GRAPHIC ART				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name B. JASON MOUNTFORD			Vice-President Name JOSHUA A. MOUNTFORD		
Street Address 1065 SNAKE HILL ROAD			Street Address 15 TRAY HOLLOW ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City FOSTER	State RI	Zip 02825
Secretary Name MISTI M. MOUNTFORD			Treasurer Name BERTRAND H. MOUNTFORD, JR.		
Street Address 15 TRAY HOLLOW ROAD			Street Address 20 CRANBERRY RIDGE ROAD		
City NORTH SCITUATE	State RI	Zip 02825	City NORTH SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name BERTRAND H. MOUNTFORD, JR.			Director Name		
Street Address 20 CRANBERRY RIDGE ROAD			Street Address		
City NORTH SCITUATE	State RI	Zip 02857	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	
60		COMMON		NO PAR VALUE	
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 B. JASON MOUNTFORD, PRESIDENT				Date 3/6/24	
Signature of Authorized Representative 				FILED	

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

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BY 660825  
KS

FORM 630 - Revised: 2/2023