



**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.

FILED
MAY 02 2024
BY

1. Entity ID Number 000094739		2. Exact name of the Corporation La Gondola, Inc.			
3. Principal Office Address 42 Bellevue Street			City Fairhaven	State MA	Zip 02719
4. NAICS Code 713990		6. Brief description of the character of business conducted in Rhode Island Conducts a business which includes boat charter and boat rentals			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Cynthia L Days			Vice-President Name		
Street Address 42 Bellevue Street			Street Address		
City Fairhaven	State MA	Zip 02719	City	State	Zip
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 <input type="checkbox"/>
Director Name Antonio Mastrostefano			Director Name		
Street Address 93 Circuit Drive			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE	
		100	STK	\$0.00	
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 Cynthia L Days				Date 04/27/2024	
Signature of Authorized Representative 					

MAIL TO:
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