



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 03 2024
 BY W744 JS

1. Entity ID Number 91991		2. Exact name of the Corporation GERRY ENTERPRISES, INC.			
3. Principal Office Address 200 Lt. James Brown Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To operate and conduct a restaurant			
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 Paul R. Storti			Vice-President Name Charlene Storti		
Street Address 200 Lt. James Brown Road			Street Address 200 Lt. James Brown Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Charlene Storti			Treasurer Name Paul R. Storti		
Street Address 200 Lt. James Brown Road			Street Address 200 Lt. James Brown Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul R. Storti			Director Name Charlene Storti		
Street Address 200 Lt. James Brown Road			Street Address 200 Lt. James Brown Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 10. Shares Issued <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		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 Paul R. Storti				Date 5/1 , 2024	
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