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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024
Limited Liability Company

→ 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 00 175 1564	2. Exact name of the	Limited Liability Gates		work	LL(7	
3. NAICS Code 541519 5. State of Formation.	4. Brief description of					1stem 5	
6. Principal Office Address 32 Summer	Street	City	Joonso	ckit	R I	02895	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Tames Gillingham Contact Title President/Manager Street Address Street Address Street State City Woon socket State O2895							
Street Address 32 Summe	r street	City	Woon s	ocket	State I	D2895	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
9. 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 Person James Gillingham					Date 11/20/2024		
Signature of Authorized Person James Gillinfam							

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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

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