

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: **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	2. Exact name of the Limited Lia	ibility Company		
00 175 1564	The Gate	es Network	LLC	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541519 5. State of Formation.	Consultin	g for Compu	ter 54	stems
RI				_
6. Principal Office Address		City	State	Zip
32 Summer	Street	Woonsocket	RI	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 Address City Woon socket State Zip O2895				
Street Address 32 Summe	r street	City Woon so cket	State I	Zip 102895
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 11/20/202				0/2024
Signature of Authorized Person James Gillinfam				
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MAIL TO:

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

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

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