



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECORDED  
25 JAN 29 PM 12:03:05  
TAMP  
FOR  
CLERK OF STATE  
USF ONLY

1. Entity ID Number <b>001713061</b>		2. Exact name of the Corporation <b>G&amp;L Enterprises, Inc.</b>			
3. Principal Office Address <b>One Richmond Square, Suite 220E</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>541410</b>		6. Brief description of the character of business conducted in Rhode Island <b>Construction and design management</b>			
5. State of Incorporation <b>RI</b>					
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>Gregory A. Post</b>			Vice-President Name <b>Leo J. Hudon</b>		
Street Address <b>One Richmond Square, Suite 220E</b>			Street Address <b>One Richmond Square, Suite 220E</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>Gregory A. Post</b>			Treasurer Name <b>Leo J. Hudon</b>		
Street Address <b>One Richmond Square, Suite 220E</b>			Street Address <b>One Richmond Square, Suite 220E</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			200 Common Shares 0.01 par value		
Changes require an additional filing.					
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. <span style="float: right;">FILED</span>					
Name of Authorized Representative <b>Leo Hudon</b>			Date <b>JAN 29 2025</b>		<b>1/22/25</b>
Signature of Authorized Representative 			BY <b>J. Hudon</b>		

MAIL TO:  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)