



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year:

2025

Corporation

FEB 18 2025

BY 8152 *oz*

→ 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 000160726		2. Exact name of the Corporation G.P. Performance Concepts, Inc.									
3. Principal Office Address 89 Lower Road			City Lincoln	State RI	Zip 02865						
4. NAICS Code 441222		6. Brief description of the character of business conducted in Rhode Island MARINE (BOAT REPAIR) AND AUTO REPAIR PARTS AND SERVICE TITLE: 7-1.2-1701									
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 Gerald E. Plante, Jr			Vice-President Name Carmen S. Plante								
Street Address 2 Umbrella Way			Street Address 2 Umbrella Way								
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838						
Secretary Name Gerald E. Plante, Jr			Treasurer Name Gerald E. Plante, Jr								
Street Address 2 Umbrella Way			Street Address 2 Umbrella Way								
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	No Par
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1000	Common	No Par									
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 Gerald E. Plante, Jr				Date 2-13-25							
Signature of Authorized Representative 											

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov