State of Rhode Island
Department of State - Business Services Division

FILED
FEB 18 2025
BY 199

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.

1. Entity ID Number	2. Exact name of the Corporation
1690488	GELD INC.

3. Principal Office Address	City	State	Zip
1258 ELMWOOD AVENUE	PROVIDENCE	RI	02907

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	REAL ESTATE INVESTMENT
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
RAYMOND J. TOMASSO	1258 ELMWOOD AVENUE	PROVIDENCE	RI	02907

Vice-President Name	Street Address	City	State	Zip
RAYMOND J. TOMASSO	1258 ELMWOOD AVENUE	PROVIDENCE	RI	02907

Secretary Name	Street Address	City	State	Zip
RAYMOND J. TOMASSO	1258 ELMWOOD AVENUE	PROVIDENCE	RI	02907

Treasurer Name	Street Address	City	State	Zip
RAYMOND J. TOMASSO	1258 ELMWOOD AVENUE	PROVIDENCE	RI	02907

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
none				

Director Name	Street Address	City	State	Zip
none				

Director Name	Street Address	City	State	Zip
none				

Director Name	Street Address	City	State	Zip
none				

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	300	COMMON STK	$1.00

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	Date
Raymond J. Tomasso, President	02/13/2025

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

FORM 630- Revised: 12/2023