RI SOS Filing Number: 202566243910 Date: 2/24/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED STAMP
FEB 24 2025
BY

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			
001765384	GSA Custom Builders, Inc.			
3. Principal Office Address		City	State	Zip
20 Oakdale Road		North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236115	FOR THE CONSTRUCTION OF CUSTOM HOMES.			
5. State of Incorporation				
RHODE ISLAND				

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

President Name: GLENN M. AMORE			Vice-President Name: SCOTT S. AMORE		
Street Address: 139 WILBERT WAY			Street Address: 441 NEW LONDON AVENUE		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City: WARWICK	State: RI	Zip: 02886
Secretary Name: GLENN M. AMORE			Treasurer Name: SCOTT S. AMORE		
Street Address: 139 WILBERT WAY			Street Address: 441 NEW LONDON AVENUE		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City: WARWICK	State: RI	Zip: 02886

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

Director Name: GLENN M. AMORE			Director Name: SCOTT S. AMORE		
Street Address: 139 WILBERT WAY			Street Address: 441 NEW LONDON AVENUE		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City: WARWICK	State: RI	Zip: 02886
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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	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	Date
GLENN M. AMORE, PRESIDENT	2-3-25

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