

**FILED** 

FEB 2 8 2025



## 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

<b>\</b> _				
→ Penalty:	Additional \$2	5.00 fee if for	m is not filed by	May 31.

Tendity: Additional \$25.00							$\rightarrow$	<i>-/</i> /	
Entity ID Number		ne of the Corporation							
000066679	Gambre	ell & Sons Inc	•				_		
3. Principal Office Address			City			State		Zip	
1132 Aquidneck Avenue			Middle			RI		02842	
4. NAICS Code	6. Brief descr	ription of the charact	er of busines	ss conducted in Rho	de Isl	and			
236118	Glass wo	Glass works, carpentry, maintenance and all other legal business							
5. State of Incorporation	<b>1</b>	, , ,				3-			
Rhode Island				_					
7. List ALL officers (names and ac			Transition of the same	Check th	ne bo	x to indi	cate an att	tachment	
President Name Olin Gambrel	<u> </u>		Vice-Press	Vice-President Name Jane Gambrell					
Street Address PO Box 4536	·		Street Add	PO Box 450	36				
<sup>City</sup> Middletown	State RI	<sup>Zip</sup> 02842	I	dletown			RI	Zip 02842	
Secretary Name Olin Gambrell	l		Treasurer I	Name Jane Gam	brell	1		1	
Street Address PO Box 4536				lress PO Box 453					
<sup>City</sup> Middletown	State RI	<sup>Zip</sup> 02842	City	+ <u> </u>			RI	Zip 02842	
8. List ALL directors (names and a	addresses)				he bo	x to indi	cate an at	tachment	
Director Name N/A			Director Na						
Street Address			Street Add	Street Address					
City	State	Zip	City			State	_	Zip	
Director Name N/A			Director Na	Director Name N/A					
Street Address			Street Addr	ress					
City	State	Zip	City			State		Zıp	
9. Shares Authorized		10. Shares Issu		Chackt	ta bo	to ind	feata an at		
This information is currently of reco	ord in the	NUMBER OF		CLASS/S			Cate an au	tachment  PAR VALUE	
Department of State.				Common			No Par	,	
11. This report must be executed					orpora	ation is	in the hand	ds of a re-	
ceiver or trustee, this report must Under penalty of perjury, I declar	are and affirm t	that I have examine	d this repor		:comt	oanying	j schedule	es and	
statements, and that all stateme Name of Authorized Representati		nerein are true and	I correct.			Date		7	
Jane Gambrell						2/25/2025			
Signature of Authorized Represen	itative	3000				<del>'</del>			

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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