



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:** 2025  
**Limited Liability Company**

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

**FILED**

APR 14 2025

BY

|                                                                                                                                                                                                                |  |                                                                                                                                                          |                        |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>1708685</b>                                                                                                                                                                          |  | 2. Exact name of the Limited Liability Company<br><b>GBG Associates, LLC</b>                                                                             |                        |                     |
| 3. NAICS Code<br><b>999999</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>OWNERSHIP OF A MEMBERSHIP INTEREST IN A LIMITED LIABILITY COMPANY.</b> |                        |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                   |  |                                                                                                                                                          |                        |                     |
| 6. Principal Office Address<br><b>200 FOUNDERS DRIVE</b>                                                                                                                                                       |  | City<br><b>WOONSOCKET</b>                                                                                                                                | State<br><b>RI</b>     | Zip<br><b>02895</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                                          |                        |                     |
| Contact Name<br><b>BRIAN A. ABRAHEK</b>                                                                                                                                                                        |  | Contact Title<br><b>MANAGER</b>                                                                                                                          |                        |                     |
| Street Address<br><b>200 FOUNDERS DRIVE</b>                                                                                                                                                                    |  | City<br><b>WOONSOCKET</b>                                                                                                                                | State<br><b>RI</b>     | Zip<br><b>02895</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                                                          |                        |                     |
| 9. <i>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.</i> |  |                                                                                                                                                          |                        |                     |
| Name of Authorized Person<br><b>BRIAN A. ABRAHEK</b> <i>Brian Abrahm</i>                                                                                                                                       |  |                                                                                                                                                          | Date<br><b>3-25-25</b> |                     |
| Signature of Authorized Person                                                                                                                                                                                 |  |                                                                                                                                                          |                        |                     |

**MAIL TO:**

**Division of Business Services**

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