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State of Rhode Island
Department of State - Business Services Division

FILED
MAY 02 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		
000794706	Anchor Gate N Spring, Inc.		
3. Principal Office Address	City	State	Zip
221 Promenade Street	Barrington	RI	02806
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
493120	Storage Space maintenance; 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 ☐

President Name: Kelvin Misiurski			Vice-President Name: Kelvin Misiurski		
Street Address: 221 Promenade Street			Street Address: 221 Promenade Street		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806
Secretary Name: Kelvin Misiurski			Treasurer Name: Kelvin Misiurski		
Street Address: 221 Promenade Street			Street Address: 221 Promenade Street		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806

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

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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1,000	Common	No Par
Changes require an additional filing.			

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
Kelvin Misiurski	4/28/25
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

FORM 630- Revised 12/2023