



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

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED

MAY 02 2025

BY

1. Entity ID Number 000794706		2. Exact name of the Corporation Anchor Gate N Spring, Inc.	
3. Principal Office Address 221 Promenade Street		City Barrington	State RI
		Zip 02806	
4. NAICS Code 493120	6. Brief description of the character of business conducted in Rhode Island 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	City Barrington	State RI
Zip 02806		Zip 02806	
Secretary Name Kelvin Misiurski		Treasurer Name Kelvin Misiurski	
Street Address 221 Promenade Street		Street Address 221 Promenade Street	
City Barrington	State RI	City Barrington	State RI
Zip 02806		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
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 1,000	CLASS/SERIES Common
		PAR VALUE 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 Kelvin Misiurski		Date 4/28/25	
Signature of Authorized Representative 			

MAIL TO:
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