



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.

RECEIVED
R.I. DEPT. OF ST.
BUS. SVCS. DIV.

2025 MAY 19 P 3:36

1. Entity ID Number 001666235		2. Exact name of the Corporation Gage Construction Company	
3. Principal Office Address 75 Parker Street		City Newburyport	State MA
		Zip 01950	
4. NAICS Code 238320	6. Brief description of the character of business conducted in Rhode Island General Contractor		
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Justin H. Gonsalves		Vice-President Name	
Street Address 75 Parker Street		Street Address	
City Newburyport	State MA	Zip 01950	
Secretary Name Timothy Lunt		Treasurer Name Justin H. Gonsalves	
Street Address 75 Parker Street		Street Address 75 Parker Street	
City Newburyport	State MA	Zip 01950	
City Newburyport		State MA	Zip 01950
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Justin H. Gonsalves		Director Name Timothy Lunt	
Street Address 75 Parker Street		Street Address 75 Parker Street	
City Newburyport	State MA	Zip 01950	
Director Name John Shea		Director Name	
Street Address 75 Parker Street		Street Address	
City Newburyport	State MA	Zip 01950	
City		State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		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 Justin H. Gonsalves		Date 05/02/2025	
Signature of Authorized Representative <i>Justin H. Gonsalves</i>			

FILED

MAY 19 2025

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