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
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BUS SVCS DIV.
2025 MAY 19 P 3:36

1. Entity ID Number	2. Exact name of the Corporation
001666235	Gage Construction Company

3. Principal Office Address	City	State	Zip
75 Parker Street	Newburyport	MA	01950

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238320	General Contractor
5. State of Incorporation: Massachusetts	

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

President Name: Justin H. Gonsalves			Vice-President Name:		
Street Address: 75 Parker Street			Street Address:		
City: Newburyport	State: MA	Zip: 01950	City:	State:	Zip:
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 ☐

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	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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1,000	Common	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	Date
Justin H. Gonsalves	05/02/2025

Signature of Authorized Representative: J. H. Gonsalves

FILED
MAY 19 2025
BY: JY 3mC

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