



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001658438</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Gap Mounatin Drilling LLC</b>                                                                                                                       |                    |
| 3 NAICS Code<br><b>238990</b>                                                                                                                                                                           |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Water Well Drilling, Geothermal Heating, Hydrofracking Services, Water Filtration, Pump Installation &amp; Service</b> |                    |
| 5 State of Formation<br><b>New Hampshire</b>                                                                                                                                                            |  |                                                                                                                                                                                                          |                    |
| 6. Principal Office Address<br><b>402 E. Pleasant Street</b>                                                                                                                                            |  | City<br><b>Northfield</b>                                                                                                                                                                                | State<br><b>NH</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>03276</b>                                                                                                                                                                                      |                    |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                      |  |                                                                                                                                                                                                          |                    |
| Contact Name<br><b>R. Garth Dubois</b>                                                                                                                                                                  |  | Contact Title<br><b>Sole Proprietor</b>                                                                                                                                                                  |                    |
| Street Address<br><b>P.O. Box 287</b>                                                                                                                                                                   |  | City<br><b>Tilton</b>                                                                                                                                                                                    | State<br><b>NH</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>03276</b>                                                                                                                                                                                      |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                                                                                                                          |                    |
| 9. 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 Person<br><b>R. Garth Dubois</b>                                                                                                                                                     |  |                                                                                                                                                                                                          | Date               |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                                                                                                          |                    |

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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