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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2. Exact name of the Corporation							
136923	Gem Mana	Gem Management, Inc.						
3. Principal Office Address			City		State	Zip		
One Wellington Road	ne Wellington Road		Lincoln		RI	02865		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
54 - Professional, Scientific, a	<sup>n</sup> Management, administrative services, and equipment leasing							
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and a	iddresses)	·			the box to i	ndicate an attachment 🔲		
President Name Leonard P. Gemma			Vice-President Name Edward J. Gemma					
Street Address One Wellington Road			Street Address One Wellington Road					
City Lincoln	State RI	<sup>Zip</sup> 02865	City Lincoli	1	State RI	<sup>Zip</sup> 02865		
ecretary Name Larry T. Gemma			Treasurer Name Leonard P. Gemma					
Street Address One Wellington Road			Street Address One Wellington Road					
City Lincoln	State RI	<sup>Zip</sup> 02865	City Lincol	n	State RI	<sup>Zip</sup> 02865		
8. List ALL directors (names and	addresses)			Check	the box to i	ndicate an attachment		
Director Name Leonard P. Gemma			Director Name  Larry T. Gemma					
Street Address One Wellington Road			Street Address One Wellington Road					
City Lincoln	State RI	<sup>Zip</sup> 02865	City Lincoln		State RI	Zip 02865		
Director Name Edward J. Gemma			Director Name None					
Street Address One Wellington R	oad		Street Addres	SS				
City Lincoln	State RI	<sup>Zip</sup> 02865	City	· •	State	Zip		
9. Shares Authorized	_ <del>'</del>	10. Shares Issue		Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIE	CLASS/SERIES P			
Changes require an additional filing.		300		Common		0.01		
11. This report must be executed	on behalf of the	corporation by an		  sentative   If the come	oration is in t	the hands of a receiver or		
trustee, this report must be execu	ited on behalf of	the corporation by	the receiver or t	trustee.				
Under penalty of perjury, I decl				including any accor	npanying s	chedules and		
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative				Date				
Leonard P. Gemma								
Signature of Authorized Represer	ntative	,	17 V 1 + E F	<u>-</u> n	1			
- North								

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

