


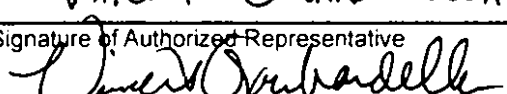
FILED

Annual Report for the year: 2021
 Corporation pae

FEB 10 2021

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY: 1508


1. Entity ID Number 9059		2. Exact name of the Corporation Gambar Products Company, Inc.						
3. Principal Office Address 45 Fullerton Road				City Warwick		State RI	Zip 02886	
4. NAICS Code <u>2210118</u>		6. Brief description of the character of business conducted in Rhode Island Sub-contract machine work						
5. State of Incorporation RI								
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
President Name Robert Gambardella				Vice-President Name Vincent Gambardella				
Street Address 12 Robert Circle				Street Address 30 Wentworth Avenue				
City Johnston		State RI	Zip 02919		City Warwick		State RI	Zip 02889
Secretary Name Vincent Gambardella				Treasurer Name Thomas Gambardella				
Street Address 30 Wentworth Avenue				Street Address 76 Mill Cove Road				
City Warwick		State RI	Zip 02889		City Warwick		State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
Director Name None				Director Name None				
Street Address				Street Address				
City		State	Zip		City		State	Zip
Director Name None				Director Name None				
Street Address				Street Address				
City		State	Zip		City		State	Zip
9. Shares Authorized <u>500 Common No PV</u>							10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES 405-1/2		CLASS/SERIES		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 <u>Vincent Gambardella</u>						Date <u>FEBRUARY 03, 2021</u>		
Signature of Authorized Representative 								

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040