



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>85138</b>		2. Name of Corporation <b>MR. GUTTER CLEAN, INC.</b>			
3. Street Address Principal Business Office <b>6 WINFIELD COURT</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	
4. Business Phone No. <b>401-274 3030</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>SALE, INSTALLATION AND REPAIR GUTTERS.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JOHN J. CAMPBELL</b>		Vice President Name <b>JOHN J. CAMPBELL</b>			
Street Address <b>6 WINFIELD COURT</b>		Street Address <b>6 WINFIELD COURT</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>"NONE"</b>		Treasurer Name <b>"NONE"</b>			
Street Address <b>NONE</b>		Street Address <b>NONE</b>			
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>JOHN J. CAMPBELL</b>		Director Name <b>NONE</b>			
Street Address <b>6 WINFIELD COURT</b>		Street Address <b>NONE</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
Director Name <b>NONE</b>		Director Name <b>NONE</b>			
Street Address <b>NONE</b>		Street Address <b>NONE</b>			
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1000</b>	<b>NO</b>	<b>NO PAR</b>	<b>NONE</b>	<b>NO</b>	<b>NO PAR</b>
<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>

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.

**FILED**

File Date	<b>MAR 04 2008</b>
Check No.	<b>By 3649 KM</b>
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature **JOHN J. CAMPBELL** Date **3/01/08**  
Print or Type Name  
**PRESIDENT**  
Title