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FOR SECRETARY OF STATE USE ONLY

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

1. Corporate 1D No. 150705	2. Name of C THE GU	orporation TTER GODS, INC.				
3. Street Address Principal	Business Office		Cuy	State	700	
300 Centerville Road, Suite 305, Summit West		Warwick	RI	^{Zip} 02886		
401-737-7477 RHODE IS		oration -AND				
6. Brief Description of the C INSTALLATION OF	haracter of Business Conc GUTTERS AND GI	lucted in Rhode Island UTTER PROTECTORS				
7. NAMES AND ADD	RESSES OF THE OF	FICERS: ("X" BOX FOR	ATTACHMENT) [FILL I	N SPACES BEFORE USING	G ATTACHMENTS	
William J. Muller, Jr.			Vice President Name William J. Muller, Jr.			
Street Address 636 Knotty Oak Road			Street Address			
Visi			636 Knotty Oak Road			
Coventry	RI	02816	Coventry	State RI	Zip 02816	
Secretary Name William J. Muller, J	۲.		Treasurer Name William J. Muller,		1 02010	
Street Address 636 Knotty Oak Road			Street Address	Street Address		
ty State 2th		636 Knotty Oak Road				
Coventry	RI	02816	City Coventry	State RI	<i>гір</i> 02816	
• NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS: ("X" BOX FO	R ATTACHMENT) [FILL	IN SPACES BEFORE USIN		
NONE			Director Name	•	· · · · · · · · · · · · · · · · · · ·	
treet Address	100		Street Address			
шу	State	Zip	224	City State		
*******************			Cuy.	State	$Z\phi$	
irector Name			Director Name			
reet Address			Street Address			
egr						
υ	State	Zip	Сиу	State	Zip	
SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT) 🗌	10. SHARES ISSUED	 ("X" BOX FOR ATTACH	(MENT)	
mber of Shares	Class/Series	Par Value	ISSUED SHARES — THIS SI Number of Shares	ECTION MUST BE COMPLETED	·	
000 \$0.01 PAR VALUE			Class/Series	Par Value		
			100	COMMON	NO PAR	
is report must be exec	uted on behalf of the	corporation by an author	prized representative. If the c	Ornoration is in the hand.	-6	
s report must be execu	ited on behalf of the	corporation by the recei	ver or trustee.	especiation to in the hands	of a receiver or trustee	
<u></u>						
			Under penalty of painting any acco	erjury, I declare and affirm that mpanying schedules and state	at I have examined this re	
Dav. EUE			contained herein ar	true and correct.		
Dare			With!	Mury	8/26/08	
		2 F	C:			
rck NoAUG 2:7	2008		Signature / William J. Mu	- T	Date	

President

Title