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

A. Ralph Mollis, Secretary of Stat
Corporations Divisio
148 W. River Stree
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.	2. Name of Corporation
96726	GREENVILLE SEAMLESS GUTTERS

3. Street Address Principal Business Office	City	State	Zip
305 PUTNAM PIKE	SMITHFIELD	R.I.	02917

4. Business Phone No.	5. State of Incorporation
401-233-4009	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
INSTALLATION OF GUTTERS FOR RESIDENTIAL AND COMMERCIAL CUSTOMERS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
ANTHONY J GARGARO JR	6 EASTWOOD DRIVE	LINCOLN	RI	02865

Vice President Name	Street Address	City	State	Zip
ANTHONY J GARGARO JR	6 EASTWOOD DRIVE	LINCOLN	RI	02865

Secretary Name	Street Address	City	State	Zip
ANTHONY J GARGARO JR	6 EASTWOOD DRIVE	LINCOLN	RI	02865

Treasurer Name	Street Address	City	State	Zip
ANTHONY J GARGARO JR	6 EASTWOOD DRIVE	LINCOLN	RI	02865

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
ANTHONY J GARGARO JR	6 EASTWOOD DRIVE	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	COMMON	NO PAR

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.

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature *Date* 2/16/09

ANTHONY J GARGARO JR
Print or Type Name

PRESIDENT
Title

[redacted]

File Date 2-18-09

Check No. 1787

By: mhc

31277-29-348749

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Form 630 Rev. 08/08