

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 2011

1. Corporate ID No. 150705	2. Name of Corp THE GUTT	2. Name of Corporation THE GUTTER GODS, INC.				
	Road, Suite 305, Summit West		City Warwick	State RI	^{Zip} 02886	
Business Phone No. 5. State of Incorporation RHODE ISLAND						
. Brief Description of the O NSTALLATION OF	Charactor of Business Conduc GUTTERS AND GUT	ited in Rhode Island TER PROTECTORS				
. NAMES AND ADD resident Name Villiam J. Muller, .		CERS: ("X" BOX FOR ATTA	ICHMENT) FILL IN Vice President Name William J. Muller,	n spaces before using Jr.	ATTACHMENTS	
treet Address 636 Knotty Oak Road			Street Address 636 Knotty Oak Road			
ிர் Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Ζψ} 02816	
ecretary Name Villiam J. Muller, J	retary Name illiam J. Muller, Jr.			Treasurer Name William J. Muller, Jr.		
reel Address 336 Knotty Oak Road			Street Address 636 Knotty Oak Road			
in Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Zip} 02816	
. NAMES AND ADD Prector Name	RESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	VACHMENT) T FILL Director Name	IN SPACES BEFORE USIN	G ATTACHMENTS	
NONE			Street Address			
NONE treet Address	State	Zip	Street Address City	State	Zip	
NONE treet Address ity hirector Name	State	Zip		State	Zip	
NONE treet Address	State	Zip	City	State	Zip	
NONE reet Address ity frector Name reet Address	State State	Zip	City Director Name	State State	Zip Zip	
reet Address ity irector Name	State		City Director Name Street Address City 10. SHARES ISSUEI	State D ("X" BOX FOR ATTAC	Zip HMENT) []	
IONE reet Address ty rector Name reet Address y SHARES AUTHORI	State	Zip	City Director Name Street Address City 10. SHARES ISSUEI	State	Zip HMENT) []	
reet Address ty SHARES AUTHORI This information is co	State	Zip e Office of the Secretary of	City Director Name Street Address City 10. SHARES ISSUEI ISSUED SHARES — THIS S	State D ("X" BOX FOR ATTACA BECTION MUST BE COMPLETED	Zip HMENT) [].	

File Date	FILED	
Check No.	MAY 1 9 2011	
By BY_	6/36	
F	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare an	d affirm that I have examin	ned this report
including any accompanying schedule	es and statements, and that	all statements
contained herein are true and correct.	1	
Mull- Walls	// Pres.	5/18/11
Signature /	Date	,
William J. Muller, Jr.		
Print or Type Name	***************************************	
President		
Title	——————————————————————————————————————	***
	Form K20 1	Dan govee