STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation			
138889	R.I. GUTTERS AND PAINTING, INC.			
3. Principal office address: 10 OBSERVATORY ROAD		City: WARWICK	State: R.I.	Zip: 02888
4. Business Phone No.: 401-473-4201		5. State of Incorporation: R.I.		
6. Brief description of the character of business conducted in Rhode Island: SELL, INSTALL,REPAIR, CLEAN, PAINT GUTTER SYSTEMS				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: JOHN J. CIRELLI			Vice-President Name: JUDITH M. McDONALD		
Street Address: 10 OBSERVATORY ROAD			Street Address:		
City: WARWICK	State: R.I.	Zip: 02888	City:	State:	Zip:
Secretary Name: JOHN J. CIRELLI			Treasurer Name: JOHN J. CIRELLI		
Street Address: 10 OBSERVATORY ROAD			Street Address: 10 OBSERVATORY ROAD		
City: WARWICK	State: R.I.	Zip: 02888	City: WARWICK	State: R.I.	Zip: 02888

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: JOHN J. CIRELLI			Director Name:		
Street Address: 10 OBSERVATORY ROAD			Street Address:		
City: WARWICK	State: R.I.	Zip: 02888	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1000	COMMON	NONE

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.

John J Cirelli — 2/7/12
Signature of Authorized Representative — Date

John J Cirelli, Pres
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 29 2012
By: 164714
DS

Form No. 630
Revised: 01/2012

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