MAIL TO



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 _

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 ADVANCED CHOICE HOME IMPROVEMENTS, INC. 132035 3. Principal office address **39 SHARPE STREET** Zip **02817** WEST GREENWICH Ri 4. Business Phone No. 5. State of Incorporation 401-487-4662 Ri 6. Brief description of the character of business conducted in Rhode Island **HOME IMPROVEMENTS** President Name Vice-President Name **ROBERT GWIAZDON** ROBERT GWIAZDON Street Address Street Address 39 SHARPE STREET State Zip 02817 City WEST GREENWICH State RI Zip Secretary Name ROBERT GWIAZDON Treasurer Name **ROBERT GWIAZDON** Street Address Street Address City State Zip City State Zip Director Name Director Name ROBERT GWIAZDON Street Address Street Address City State Zip City State Zip Director Name Director Name Street Address Street Address City State Zip City State Zip NUMBER OF SHARES CLASS/SERIES This information is currently of record in the Office of the Secretary PAR VALUE of State. Changes require an additional filing. 100 COMMON A See Section 9 of Instruction sheet. 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,

	martin of portain of	and corporation by the receiver or trustee.	_
the second	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and their statements.	
	FEB 0 6 2013	and thaball statements contained herein are true an	d correct.
	/ 10 0 0 20 10	× Roh Myly	2/1/13
	6/83	Signature of Authorized Representative	Date
		ROBERT GWIAZDON	
Form No. 630		Print or Type Name of Authorized Representative	

Revised: 01/2012