



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

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 2014

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. 486368		2. Name of Corporation CIOLFI SEAMLESS GUTTERS, INC.		
3. Street Address Principal Business Office 61 Roger Williams Drive		City Johnston	State RI	Zip 02919
4. Business Phone No. 401-477-6180		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Installation of Seamless Gutters.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Robert E. Ciolfi		Vice President Name Cheryl A. Parisi-Ciolfi		
Street Address 61 Roger Williams Drive		Street Address 61 Roger Williams Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Secretary Name Cheryl A. Parisi-Ciolfi		Treasurer Name Robert E. Ciolfi		
Street Address 61 Roger Williams Drive		Street Address 61 Roger Williams Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares 500		Class/Series Common		Par Value No 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.				

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.

FILED

FEB 18 2014

File Date	By: <u>On 217513</u>
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Robert E. Ciolfi 1/27/14
Signature Date
Robert E. Ciolfi
Print or Type Name
President
Title