



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.**

1. Entity ID No. 000145062		2. Exact name of the limited liability company Gutter Works LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Gutter installation			
5. Principal office address 29 Winter Street			City Rehoboth	State MA	Zip 02769
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Chad Amaral			Contact Title Member		
Street Address 29 Winter Street			City Rehoboth	State MA	Zip 02769
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND:					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2014 DEC 2 PM 2:53
 RECEIVED
 SECRETARY OF STATE

FILED

DEC 12 2014
 By 238514
A.A. 3:02 p.m.

File Date _____
 Check No. _____
 By: _____

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.

[Signature] 3/4/14
 Signature of Authorized Person Date

Chad Amaral
 Print or Type Name of Authorized Person