RI SOS Filing Number: 201589516810 Date: 12/21/2015 4:00 PM

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 2016

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
791010	Gilman, Guidelli & Bellow, Inc.

3. Principal office address	City	State	Zip
561 Winston Street	Somerville	MA	02143

4. Business Phone No.	5. State of Incorporation
617-776-7763	

6. Brief description of the character of business conducted in Rhode Island
GENERAL CONTRACTING AND RESIDENTIAL BUILDING

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

President Name	Street Address	City	State	Zip
Richard Guidelli	34 Glenwood Avenue	Cambridge	MA	02139

Vice-President Name	Street Address	City	State	Zip
Doug Bellow	75 North Crescent Circuit	Boston	MA	

Secretary Name	Street Address	City	State	Zip
Gary Gilman	36 Cedar Street	Cambridge	MA	02140

Treasurer Name	Street Address	City	State	Zip
Gary Gilman	36 Cedar Street	Cambridge	MA	02140

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
7500	Common	No Par Value

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.

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

FILED
DEC 21 2015
BY 269163

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.

Richard Guidelli 12/15/15
Signature of Authorized Representative Date

Richard Guidelli
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

129707-7-1063038