



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 2017

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. 132035		2. Exact name of the Corporation ADVANCED CHOICE HOME IMPROVEMENTS, INC.			
3. Principal office address 39 SHARPE STREET		City WEST GREENWICH	State RI	Zip 02817	
4. Business Phone No. 401-487-4662		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island HOME IMPROVEMENTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT GWIAZDON		Vice-President Name ROBERT GWIAZDON			
Street Address 39 SHARPE STREET		Street Address			
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip
Secretary Name ROBERT GWIAZDON		Treasurer Name ROBERT GWIAZDON			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROBERT GWIAZDON		Director Name			
Street Address 39 SHARPE STREET		Street Address			
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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) <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON A	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, 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

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 Gwiazdon 1/27/17
 Signature of Authorized Representative Date
ROBERT GWIAZDON
 Print or Type Name of Authorized Representative

FILED

JAN 23 2017

BY RGW