



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. 791010		2. Exact name of the Corporation Gilman, Guidelli & Bellow, Inc.			
3. Principal office address 561 Winston Street			City Somerville	State MA	Zip 02143
4. Business Phone No. 617-776-7763		5. State of Incorporation			
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) <input checked="" type="checkbox"/>					
President Name Richard Guidelli			Vice-President Name Doug Bellow		
Street Address 34 Glenwood Avenue			Street Address 75 North Crescent Circuit		
City Cambridge	State MA	Zip 02139	City Boston	State MA	Zip
Secretary Name Gary Gilman			Treasurer Name Gary Gilman		
Street Address 36 Cedar Street			Street Address 36 Cedar Street		
City Cambridge	State MA	Zip 02140	City Cambridge	State MA	Zip 02140
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			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 BY

FILED
JAN 25 2017

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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 of Authorized Representative

Date

Richard Guidelli

Print or Type Name of Authorized Representative