



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 54952		2. Exact name of the Corporation EXPRESS GUTTERS, INC.			
3. Principal Office Address 132 OLD RIVER ROAD, SUITE 205		City LINCOLN		State RI	Zip 02865
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RAYMOND R. HAMEL			Vice-President Name RAYMOND R. HAMEL		
Street Address P.O. BOX 145			Street Address P.O. BOX 145		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name RAYMOND R. HAMEL			Treasurer Name RAYMOND R. HAMEL		
Street Address P.O. BOX 145			Street Address P.O. BOX 145		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RAYMOND R. HAMEL			Director Name RAYMOND R. HAMEL		
Street Address P.O. BOX 145			Street Address P.O. BOX 145		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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 Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		NO PAR	
11. 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.					
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.					
Name of Authorized Representative RAYMOND R. HAMEL, PRESIDENT				Date Jan 19, 2017	
Signature of Authorized Representative <i>Raymond R. Hamel</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED**JAN 30 2017**BY *YD Allen*