No. of Concession, Name of Street, or other Persons, Name of Street, or ot
aphilan.

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

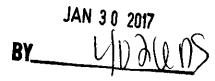
Annual Report for the year: 2017 Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$2							
1. Entity ID Number 54952		Express Gutters, Inc.					
Principal Office Address 132 OLD RIVER ROAD, SUITE 205			City LINCOLN	City LINCOLN		Zip 02865	
4. NAICS Code 23 - Construction 5. State of Incorporation RHODE ISLAND		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR					
7. List ALL officers (names a	and addresses)			Che	eck the box to in	dicate an attachment	
President Name RAYMOND I	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 LINCO	LN	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)			Che	eck the box to in	dicate an attachment	
Director Name RAYMOND R. HAMEL			Director Nam	Director Name RAYMOND R. HAMEL			
Street Address P.O. BOX 145			Street Address P.O. BOX 145				
City LINCOLN	State RI	Zip 02865	City LINCO		State RI	Zip 02865	
Director Name)		Director Nam	ne	-		
Street Address	<u>.</u> .		Street Addres	SS			
City	State	Zip	City		State	Zip	
		10. Shares Iss			ck the box to inc	licate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SEF	CLASS/SERIES PAR VALU OMMON NO PAR		
11. This report must be execurustee, this report must be ex	xecuted on behalf of	the corporation by	the receiver or t	trustee.			
Under penalty of perjury, I o statements, and that all sta	tements contained	hat i have examin herein are true an	ed this report, ad correct.	including any acc	ompanying sch	nedules and	
Name of Authorized Represe			•	Date			
RAYMOND R. HAMEL, PRE					fan	19,2017	
Signature of Authorized Repri	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·:	e e e e e e e e e e e e e e e e e e e	4	-	
Naymond B.	Manel		- []	Fn / res	Ψ		
All To:			1 1 1	.CU			

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 10/2016