



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 <b>1663657</b>		2. Exact name of the Corporation <b>GUARANTEED BUILDERS &amp; DEVELOPERS, INC.</b>			
3. Principal Office Address <b>14 West Street</b>			City <b>East Douglas</b>	State <b>MA</b>	Zip <b>01516</b>
4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>Building and remodeling</b>				
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Louis C. Tusino</b>			Vice-President Name		
Street Address <b>14 West Street</b>			Street Address		
City <b>East Douglas</b>	State <b>MA</b>	Zip <b>01516</b>	City	State	Zip
Secretary Name <b>Louis C. Tusino</b>			Treasurer Name <b>Louis C. Tusino</b>		
Street Address <b>14 West Street</b>			Street Address <b>14 West Street</b>		
City <b>East Douglas</b>	State <b>MA</b>	Zip <b>01516</b>	City <b>East Douglas</b>	State <b>MA</b>	Zip <b>01516</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Louis C. Tusino</b>			Director Name <b>Robert Tusino</b>		
Street Address <b>14 West Street</b>			Street Address <b>55 High Street</b>		
City <b>East Douglas</b>	State <b>MA</b>	Zip <b>01516</b>	City <b>Milford</b>	State <b>MA</b>	Zip <b>01757</b>
Director Name <b>James Tusino</b>			Director Name		
Street Address <b>63 Oak Street</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1500</b>	<b>Common</b>	<b>No par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Louis C. Tusino, President</b>				Date <b>February 28<sup>th</sup>, 2017</b>	
Signature of Authorized Representative <i>Louis C. Tusino</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

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BY

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FORM 630 - Revised: 02/2017