



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 1663657		2. Exact name of the Corporation GUARANTEED BUILDERS & DEVELOPERS , INC.			
3. Principal Office Address 14 West Street			City East Douglas	State MA	Zip 01516
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Building and remodeling			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis C. Tusino			Vice-President Name		
Street Address 14 West Street			Street Address		
City East Douglas	State MA	Zip 01516	City	State	Zip
Secretary Name Louis C. Tusino			Treasurer Name Louis C. Tusino		
Street Address 14 West Street			Street Address 14 West Street		
City East Douglas	State MA	Zip 01516	City East Douglas	State MA	Zip 01516
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Louis C. Tusino			Director Name Robert Tusino		
Street Address 14 West Street			Street Address 55 High Street		
City East Douglas	State MA	Zip 01516	City Milford	State MA	Zip 01757
Director Name James Tusino			Director Name		
Street Address 63 Oak Street			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1500	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 Louis C. Tusino, President				Date February 28th, 2017	
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 *[Signature]*

MAR 13 2017

BY *BBB*