



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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 000076195		2. Exact name of the Corporation B & G GUTTERS, INC.			
3. Principal Office Address 44 Lydia Ave		City North Providence		State RI	Zip 02904
4. NAICS Code 23 Construction <i>230118</i>		6. Brief description of the character of business conducted in Rhode Island Installation of Seamless Gutters			
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 Todd Bryant			Vice-President Name None		
Street Address 44 Lydia Ave			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	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
			500		CNP
					PAR VALUE
					No Par Value <input checked="" type="checkbox"/>
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 Todd Bryant President					Date 2-15-19
Signature of Authorized Representative <i>Todd Bryant</i>					2-15-19

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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