



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

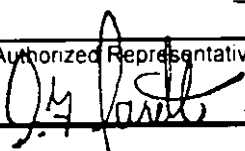
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FOR
 SECRETARY OF STATE
 RHODE ISLAND

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 001662124		2. Exact name of the Corporation North American Chimney & Gutter Corp			
3. Principal Office Address 129 Fifth Avenue			City Bay Shore	State NY	Zip 11706
4. NAICS Code 561790		6. Brief description of the character of business conducted in Rhode Island Chimney and Gutter Cleaning and Maintenance			
5. State of Incorporation New York					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Jarett			Vice-President Name		
Street Address 44 Shebar Drive			Street Address		
City Islip	State NY	Zip 11751	City	State	Zip
Secretary Name			Treasurer Name		
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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	PAR VALUE
		200		Common Stock	0
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 David Jarett					Date 03/11/2019
Signature of Authorized Representative 					SIGN DOCUMENT HERE

2019 MAR 18 PM 12:00
 CORP DIV
 STATE OF RHODE ISLAND

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

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MAR 18 2019
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