State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Ca.	S (4.)
Annual Report for the year: 2019	<u> </u>
Limited Liability Company	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000788351	l l	2. Exact name of the Limited Liability Company GutterBrush, LLC					
3 NAICS COMP)	Brief description of the character of business conducted in Rhode Island sales and marketing of Gutterbrush Gutter Guard					
5. State of Formation Rhode island							
6. Principal Office Address 855 Aquidneck Ave Unit 6			City Middletown	State RI	Zıp 02842		
7. Mailing Address of Limite	ed Liability Compa	any and Name or	Title of Contact Person				
Contact Name Randali W. Schreiber		Contact Title	Contact Title				
Street Address 855 Aquidneck Ave			City Middletown	State RI	Z _{IP} 02842		
8. List ALL managers (nam	nes and addresse:	s) of the Limited	Liability Company, IF APPLICAB	BLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address			Street Address	Street Address			
City	State	Zıp	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zıp	City	State	Zip		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhode	e Island. This inform	nation is currently (of record with the Department of Stat	te. Changes require fil	ing Form 642.		
Under penalty of perjury, statements, and that all s	i declare and aff tatements conta	irm that I have o	examined this report, including true and correct.	g any accompanyi	ng schedules and		
Name of Authorized Person				Date			
Randall W. Schreiber				9-1-	7-2019		
Signature of Authorized Per	rson Me	SIGN!	DOCUMENT HERE	<u> </u>	• •		

FILED

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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-FORM 632 - Revised: 08/2016