



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

Annual Report for the year:
Corporation

2020

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 29 2020

BY

3220 OS

1. Entity ID Number 000125105		2. Exact name of the Corporation GIANNINI HOME IMPROVEMENT INC.			
3. Principal Office Address C/O MICHAEL J. HILL, 6 BLACKSTONE VALLEY PLACE SUITE 401			City LINCOLN	State RI	Zip 02865
4. NAICS Code 23 118		6. Brief description of the character of business conducted in Rhode Island IMPROVEMENT TO THE INTERIOR AND EXTERIOR OF A RESIDENCE			
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 SCOT GIANNINI			Vice-President Name SCOT GIANNINI		
Street Address 536 TREMONT STREET			Street Address 536 TREMONT STREET		
City TAUNTON	State MA	Zip 02780	City TAUNTON	State MA	Zip 02780
Secretary Name SCOT GIANNINI			Treasurer Name DONNA GIANNINI		
Street Address 536 TREMONT STREET			Street Address 536 TREMONT STREET		
City TAUNTON	State MA	Zip 02780	City TAUNTON	State MA	Zip 02780
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON/VOTING	PAR VALUE NO PAR VALUE
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 SCOT GIANNINI				Date 01/15/2020	
Signature of Authorized Representative <i>Scot A. Giannini</i>					