



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

Annual Report for the year: 2020  
 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 <u>118943</u> <del>78878</del>		2. Exact name of the Corporation <u>American Seamless Gutters Corp</u>	
3. Principal Office Address <u>68 Laurel Ridge Ave</u>		City <u>Pascoag</u>	State <u>RI</u>
4. NAICS Code <del>238170</del> <u>238170</u>		6. Brief description of the character of business conducted in Rhode Island <u>Gutter installation</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Brad Perry</u>		Vice-President Name <u>Brad Perry</u>	
Street Address <u>Same</u>		Street Address	
City	State	City	State
City	State	City	State
Secretary Name <u>Brad Perry</u>		Treasurer Name <u>Brad Perry</u>	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<u>1</u>	<u>0</u>
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.			
<b>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.</b>			
Name of Authorized Representative <u>Brad Perry</u>		Date <u>6-20-20</u>	
Signature of Authorized Representative 			

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 JUN 24 PM 12:53

NON DOCUMENTARY

**FILED**

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

JUN 24 2020

BY 8NA3T  
12:53