



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 138889 2. Name of Corporation RI GUTTER, INC.

3. Street Address Principal Business Office
10 OBSERVATORY RD.

City State Zip
WARWICK RI 02888

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

6. SIC Code
0885

7. Brief Description of the Character of Business Conducted in Rhode Island

TO SELL, INSTALL, REPAIR, CLEAN ALL GUTTER SYSTEMS AS WELL AS TO PAINT ALL SURFACES INTERIOR AS WELL AS EXTERIOR

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
JOHN J. CIRELLI

Vice President Name
NONE

Street Address
10 OBSERVATORY RD.

Street Address

City State Zip
WARWICK RI 02888

City State Zip

Secretary Name
JOHN J. CIRELLI

Treasurer Name
JOHN J. CIRELLI

Street Address
10 OBSERVATORY RD.

Street Address
10 OBSERVATORY RD.

City State Zip
WARWICK RI 02888

City State Zip
WARWICK RI 02888

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
JOHN J. CIRELLI

Director Name
NONE

Street Address
10 OBSERVATORY RD.

Street Address

City State Zip
WARWICK RI 02888

City State Zip

Director Name
NONE

Director Name
NONE

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 8 8 8 9

File Date 2/28/05

Check No. 2301

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

John J. Cirelli 2/24/05
Signature of Officer Date

John J. Cirelli
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01