

State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

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

FILED
 MAY 21 2021
 BY 1960 DS

1. Entity ID Number 000146744		2. Exact name of the Corporation H G HOME IMPROVEMENTS, INC.			
3. Principal Office Address 58 POUND ROAD			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 238300		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION - REMODELIN			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HENRYK GWOZDZ			Vice-President Name HENRYK GWOZDZ		
Street Address 58 POND ROAD			Street Address 58 POND ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name HENRYK GWOZDZ			Treasurer Name HENRYK GWOZDZ		
Street Address 58 POND ROAD			Street Address 58 POND ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HENRYK GWOZDZ			Director Name		
Street Address 58 POND ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	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	
		100		COMMON	
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 <u>Henryk Gwozdz</u>					Date 5-14-21
Signature of Authorized Representative HENRYK GWOZDZ					

MAIL TO:
 Division of Business Services
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 Website: www.sos.n.gov