



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2023 JAN 12 PM 1:27

1. Entity ID Number 0000967216		2. Exact name of the Corporation Greenville Seamless Gutters, Inc.										
3. Principal Office Address 305 Putnam Pike		City Smithfield	State RI									
		Zip 02917										
4. NAICS Code 238390	6. Brief description of the character of business conducted in Rhode Island Furnish and install gutters and downspouts on new/existing residential and commercial use buildings.											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Anthony J Gargano Jr.		Vice-President Name										
Street Address 6 Eastward Drive		Street Address N/A										
City Lincoln	State RI	Zip 02805										
Secretary Name		Treasurer Name										
Street Address N/A		Street Address N/A										
City	State	Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Anthony J Gargano Jr.		Director Name										
Street Address 6 Eastward Drive		Street Address N/A										
City Lincoln	State RI	Zip 02805										
Director Name		Director Name										
Street Address N/A		Street Address N/A										
City	State	Zip										
9. Shares Authorized This information is currently of record in the Department of State. N/A Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> <table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
NUMBER OF SHARES	CLASS/SERIES	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 Lindsay A Blouin		Date 1/10/2023										
Signature of Authorized Representative Lindsay A Blouin		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

JAN 12 2023

BY **F6 E96**
1-28-18

FORM 630 - Revised: 11/2021