RI SOS Filing Number: 202327347990 Date: 2/1/2023 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2023 Corporation

FEB 0 1 2023 P

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$\rightarrow$	Filing	period:	January	1.	March 1	

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2. Exact nam	2. Exact name of the Corporation								
001661791										
3. Principal Office Address		City		State	Zip					
60 Widow Sweets Road		Exeter		RI	02822					
4. NAICS Code	6. Brief desc	ription of the charac	ter of business o	onducted in Rhode I	sland	<u>.</u>				
238290	Fabrication	Fabrication and Installation of seamless gutter systems.								
5. State of Incorporation										
Rhode Island										
7. List ALL officers (names and	addrasses)		<del></del>	Chart	the boy to i	ndicate an attachment				
President Name  Jonathan Hatha	Check the box to indicate an attachment  Vice-President Name Erln Hathaway									
Street Address 60 Widow Sweet	Street Address 60 Widow Sweets Road									
City Exeter	State RI	<sup>Žip</sup> 02822	City Exeter			Zīp 02822				
Secretary Name Erin Hathaway		Treasurer Name Jonathan Hathaway								
Street Address 60 Widow Sweet	<del></del>	Street Address 60 Widow Sweets Road								
City Exeter	State RI	<sup>Zip</sup> 02822	City Exeter		State RI	<sup>Zip</sup> 02822				
8. List ALL directors (names and	d addresses)				the box to i	ndicate an attachment 🔲				
Director Name None			Director Name							
Street Address	Street Address									
City	State	Zip	City	<del>*</del>	State	Zip				
Director Name	······································		Director Name							
Street Address			Street Address	et Address						
City	State	Zip	City	<del></del>	State	Zip				
9. Shares Authorized	10. Shares Iss		ndicate an attachment							
This information is currently of re Department of State.	ecord in the	NUMBER OF \$HARES		CLASS/SERIES		PAR VALUE				
•	200		Common		No par value					
Changes require an additional fill	ing.									
11. This report must be execute	d on behalf of the	corporation by an	authorized repres	entative If the como	vation is in	he hands of a receiver or				
trustee, this report must be exe	cuted on behalf of	the corporation by	the receiver or tr	ustee.		·				
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  Date: 0.00000000000000000000000000000000000										
Jonathan Hathaway, President [-29-2023										
Signature of Authorized Repres	entative		Odinera, Ede		- <b>-</b>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov