Annual Report for the year;  Corporation  Filing period: January 1 · March 1  Filing fee: \$50.00  Penalty. Additional \$25.00 fee if form is not filed by April 1.  Finity ID Number  2. Exact name of the Corporation  CITY STARP ST.  CITY STARP ST.  W. GREEN WICH INSULATION, INC.  3. Principal Office Address  7. 5. SHARP ST.  W. GREEN WICH R. I. D. \$17  NAICS Code  2. Share of Incorporation  INSULATION WORK  L.  7. Ush ALL officers (names and addresses)  Penedran Name  PROPLET GRUTTADAURIA  Since Address  T. S. SHARP ST.  CITY SHARP ST.  C	Department of State - Business Services Division					FILED		
Corporation  Filing period January 1 - March 1  Filing period January 1 - March 1  Filing period January 3 - March 1  Filing period January 1  Filing period January 3 - March 1  Filing period January 3 - March 1  Filing period January 3 - March 1  Filing period January 1 - March 1  Filing period	Sec. 19							
→ Fining Fee: \$50.00 → Penalty Additional \$25.00 fee if form is not filed by April 1.  1. Finity To Number  OD0057665  CREEN WICH INSULATION, TNC  3. Principal Office Address  T5 SHARP ST.  4. NAICS Code  A 3.8 3.1 D  S. State of Incorporation  R T  Z. USAL Officers (names and addresses)  INSULATION WORK  State Day Research Name  R DERT GRUTTADAURIA  Size Address  T7 SHARP ST.  CV  GREEN WICH INSULATION WORK  A TATALCIA GRUTTADAURIA  Size Address  Size Address  T7 SHARP ST.  CV  GREEN WICH R DO 2817  CV  G		FEB <b>06</b> 2023						
1. Entity 10 Number  OCOOST665  GREEN WICH INSULATION, INC  3. Principal Office Address  7.5 SHARPR  T. W. GREEN WICH INSULATION, INC  4. NACS Code  A3.8 3.1 V.  4. NACS Code  A3.8 3.1 V.  5. State of Incorporation  R. I.  7. List ALL Officers (names and addressess)  President Name  REPRENT GRUTADAURIA  Street Address  TS SHARPE ST  City  GREEN WICH RI  OA817  City  GREEN WICH  RI  OA817  Cody  GREEN WICH  RI  OA817  City  GREEN WICH  City  Street Address  TS SHARPE ST  City  GREEN WICH  City  GREEN WICH  City  Street Address  TS SHARPE ST  City  GREEN WICH  City  Street Address  Check the box to indicate an attachment III  Zip  OA817  City  GREEN WICH  City  Street Address  Check the box to indicate an attachment III  Director Name  NO DIRECTOR  Director Name  Direc	→ Filing Fee: \$50.00							
ODOOS 7665 GREEN WICH INSULATION, INC  3. Principal Office Address City W.GREEN WICH R.I. CO.817  4. NACS Code A38310 S. State of Co.817  4. NACS Code A38310 INSULATION WORK R.I. C. State of Incorporation R.I. C. SULATION WORK R.I. C. STATE CO.817  Frescart Name R. GREEN WICH R.I. C. STATE CO.817  Street Address T.S. STARRE ST City W.GREEN WICH R.I. C. City State C. City C. City State C. City State C. City State C. City C. City State C. City C. City State C. City								
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State of Incorporation RIT  RIT  President Name ROBERT GRUTTADAURIA  Street Address  Street Address  This SHARE ST  City Secretary Name RATRICIA GRUTTADAURIA  City RATRICIA GRUTTADAURIA  City RATRICIA GRUTTADAURIA  Con Secretary Name RATRICIA GRUTTADAURIA	I	_						
President Name  ROBERT GRUTTADAURIA  Sircet Address  75 STARPE ST  City  GREENWICH  RI  OBS!7  WGREENWICH  KI  OBS!7  City  GREENWICH  KI  OBS!7  WGREENWICH  KI  OBS!7  Street Address  The Street Address  Street Address  The Street Address  City  GREENWICH  State  The Street Address  The Street Address  Check the box to indicate an attachment  Director Name  Director Name  Director Name  Director Name  Street Address  City  State  Zp  Check the box to indicate an attachment  Director Name  Director Name  Director Name  Director Name  Director Name  Street Address  Street Address  Street Address  City  State  Zp  City  State  Zp  City  State  Zp  City  State  Zp  Chack the box to indicate an attachment  Director Name  Director Na		INS	SULATIO	M MC	) KK			
President Name  ROBERT GRUTTADAURIA  Sircet Address  75 STARPE ST  City  GREENWICH  RI  OBS!7  WGREENWICH  KI  OBS!7  City  GREENWICH  KI  OBS!7  WGREENWICH  KI  OBS!7  Street Address  The Street Address  Street Address  The Street Address  City  GREENWICH  State  The Street Address  The Street Address  Check the box to indicate an attachment  Director Name  Director Name  Director Name  Director Name  Street Address  City  State  Zp  Check the box to indicate an attachment  Director Name  Director Name  Director Name  Director Name  Director Name  Street Address  Street Address  Street Address  City  State  Zp  City  State  Zp  City  State  Zp  City  State  Zp  Chack the box to indicate an attachment  Director Name  Director Na	RI							
REPERT GRUTTADAURIA  Sircel Address  TS STHARPE ST  CITY GREEN WICH RI ODS17  CITY GREEN WICH RI ODS17  CITY GREEN WICH RI ODS17  Street Address  THAT S SHARPE ST  CITY GREEN WICH RI ODS17  Street Address  THAT S SHARPE ST  THAT STREET ADAURIA  Street Address  THAT S STREET ADAURIA  Street Address  THAT S STREET ADAURIA  STREET ADAURIA  STREET ADAURIA  STREET ADAURIA  STREET ADAURIA  STREET ADAURIA  CITY GREEN WICH RI ODS17  STREET ADAURIA  STREET ADAURIA  STREET ADAURIA  STREET ADAURIA  STREET ADAURIA  FRANCICIA GRUTTADAURIA  STREET ADAURIA  STREET AD								
Street Address				Vice-President Name  PATRICIA GUITTAOAURIA				
City GREENWICH RI COSSIT WGREENWICH RI COSSIT CITY GREENWICH RI COSSIT C	Street Address			Street Address				
Scretagran Name    ATRICIA   GRUTTADAURIA   Tresquire Name   Composition	City	State	Zip	City		State	Zip	
Street Address TS HARRE ST City GREENWICH KI O2817 WGREENWICH RI O2817  City GREENWICH KI O2817 WGREENWICH RI O2817  Check the box to indicate an attachment Director Name    Director Name   Director Name		RI	02817			RI	_ 02817	
Street Address 75 SHARPE ST  City GREANWICH RI Ziv 0 2817 City GREENWICH RI 20 2817  B. List ALL directors (names and addresses)  Check the box to indicate an attachment Director Name  NO DIRECTOR  Street Address  City State Zip City State Zip  Director Name  Director Name  Street Address  City State Zip  City State Zip  City State Zip  Street Address  City State Zip  One City State Zip  Street Address  City State Zip  One City State Zip  Street Address  City State Zip  One City St		MADAURII	n					
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B. List ALL directors (names and addresses)  Director Name  NO DIRECTOR  Street Address  City  State  Zip  City  State	City City		Zip	City State 7in				
Director Name    Director Name			102817	W GRE				
Street Address  City  State  Zip  City  State  Zip  Director Name  Director Name  Director Name  Street Address  City  State  Zip  Check the box to indicate an attachment  This information is currently of record in the  Number of states  CLASSSERIES  PAR VALUE  Changes require an additional filling.  11. This report must be executed on behalf of the corporation by an authonzed 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 Authonzed Representative  PATALCIA  Date							ndicate an attachment 📋	
City State Zip City State Zip  Director Name  Street Address  City State Zip City State Zip  9. Shares Authorized This information is currently of record in the Department of State.  Changes require an additional filling.  10. Shares Issued Check the box to indicate an attachment Check the Dox to indicate an attachment Changes require an additional filling.  10. Shares Issued Check the box to indicate an attachment Check the Dox to indicate a								
Director Name    Director Name   Director Name	20.64t V001622	Street Address						
Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Check the box to indicate an attachment Department of State.  A ODO NO PAR VALUE  Changes require an additional filling.  11. This report must be executed on behalf of the corporation by an authonzed 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  Date  Date  Date  Date  Date  Date	City	State	Zφ	City		State	Zrp	
City  State  Zip  City  State  Zip  Check the box to indicate an attachment  This information is currently of record in the Department of State.  Changes require an additional filling.  10 Common  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  Date  PATRICIA GAUTADAURIA	Director Name		<u> </u>	Director Name	· · · · · · · · · · · · · · · · · · ·	I		
City  State  Zip  City  State  Zip  Check the box to indicate an attachment  This information is currently of record in the Department of State.  Changes require an additional filling.  10 Common  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  Date  PATRICIA GAUTADAURIA	Ctrant Address							
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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  PATRICIAL GIMTADAURIA	्तवापुरु व्यपान सा स्प्राप्तकाड्डा (सामु.							
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