



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

STAMP
 MAR 15 2023
 3013

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | | |
|--|--------------------|---|---|--------------------|--------------------------|
| 1. Entity ID Number 000125105 | | 2. Exact name of the Corporation GIANNINI HOME IMPROVEMENT, INC. | | | |
| 3. Principal Office Address c/o Michael J. Hill 6 Blackstone Valley Pl ste 401 | | | City Lincoln | State RI | Zip 02865 |
| 4. NAICS Code 236118 | | 6. Brief description of the character of business conducted in Rhode Island IMPROVEMENT TO THE INTERIOR AND EXTERIOR OF A RESIDENCE | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name SCOT GIANNINI | | | Vice-President Name SCOT GIANNINI | | |
| Street Address 536 TREMONT STREET | | | Street Address 536 TREMONT STREET | | |
| City TAUNTON | State MA | Zip 02780 | City TAUNTON | State MA | Zip 02780 |
| Secretary Name SCOT GIANNINI | | | Treasurer Name DONNA GIANNINI | | |
| Street Address 536 TREMONT STREET | | | Street Address 536 TREMONT STREET | | |
| City TAUNTON | State MA | Zip 02780 | City TAUNTON | State MA | Zip 02780 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 | | PAR VALUE |
| | | | common/voting | | no 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 SCOT GIANNINI | | | | | Date 3-11-2023 |
| Signature of Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov