RI SOS Filing Number: 202331742770 Date: 3/24/2023 4:00:00 PM

State of Rhode Island

Annual Report for the year: 2023

Department of State - Business Services Division

Corporation 2023							MAR 9	4 2023		
→ Filing period: February 1 - May 1							م المالا	4 2023		
→ Filing Fee. \$50.00						121	1	20		
→ Penalty: Additional \$25 00 fee if form is not filed by May 31										
		.,	ay or					<u>්පී</u>		
Entity ID Number	2 Exact name of	the	Corporation					 		
000505194	GUTIERREZ DRYWALL LLC									
Principal Office Address					City			Zip		
203 SHUN PIKE		JOHNSTON			RI	02919				
4 NAICS Code	Brief description of the character of business conducted in Rhode Island									
238900	.									
State of Incorporation										
RI	DRYWALL									
List ALL officers (names and addresses)					Check the box to indicate an attachment					
President Name				Vice-President Name						
JUAN GUTIERREZ										
Street Address				Street Address						
203 SHUN PIKE										
City	State	Zip		City		State		Zip		
JOHNSTON	RI 02919					<u> </u>	<u> </u>			
Secretary Name	Treasurer Name									
Street Address				Street Address						
City	State	e Zip		City		State		Zip		
8. List ALL directors (names and addresses)					Check the box to indicate an attachment					
Director Name				Director Name						
Street Address				Street Address						
City State		Zıp	<u> </u>	City		State		Zip		
Director Name				Director Name						
Street Address				Street Address						
City	State	Zip		City		State		Zip		
9 Shares Authorized			10. Shares Issued	<u>.</u>	Check the box to			o indicate an attachment		
This information is currently of record in the NUMBER OF SI				HARES CLASS/SERIES			PAR VALUE			
Department of State.		100	COMMON							
Changes require an additional										
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 12-24-2023			
Marie 1										
Signature of Authorized Represe										

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov **FILED**