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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
APR 03 2023
BY 14123

Annual Report for the year: 2023

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
62498	**Custom Seamless Gutters, Inc.**

3. Principal Office Address	City	State	Zip
260 Pawtucket Avenue	**Pawtucket**	**RI**	**02860**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	**Deal in and with real and personal property.**
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Darren M. Daluz**			Vice-President Name **Alexander T. Daluz**		
Street Address **260 Pawtucket Avenue**			Street Address **260 Pawtucket Avenue**		
City **Pawtucket**	State **RI**	Zip **02860**	City **Pawtucket**	State **RI**	Zip **02860**
Secretary Name **Darren M. Daluz**			Treasurer Name **Alexander T. Daluz**		
Street Address **260 Pawtucket Avenue**			Street Address **260 Pawtucket Avenue**		
City **Pawtucket**	State **RI**	Zip **02860**	City **Pawtucket**	State **RI**	Zip **02860**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Daniel Daluz**			Director Name		
Street Address **260 Pawtucket Avenue**			Street Address		
City **Pawtucket**	State **RI**	Zip **02860**	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**Common**	**No Par**

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
Daniel Daluz Daniel Daluz	3-27-23

Signature of Authorized Representative

SIGN DOCUMENT HERE

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

FORM 630 - Revised: 02/2017