



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2024 Amended  
Corporation

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 OCT -4 P 12:36

- 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 <b>001668973</b>		2. Exact name of the Corporation <b>Gemini Home Improvement Inc.</b>			
3. Principal Office Address <b>57 Robin Hood Dr</b>			City <b>Seekonk</b>	State <b>Ma</b>	Zip <b>02771</b>
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>General Construction</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kristen Correia</b>			Vice-President Name		
Street Address <b>57 Robin Hood Dr</b>			Street Address		
City <b>Seekonk</b>	State <b>Ma</b>	Zip <b>02771</b>	City	State	Zip
Secretary Name <b>Mason Correia</b>			Treasurer Name <b>Austin Gumbaa</b>		
Street Address <b>57 Robin Hood Dr</b>			Street Address <b>57 Robin Hood Dr</b>		
City <b>Seekonk</b>	State <b>Ma</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>Ma</b>	Zip <b>02771</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	PAR VALUE
		<b>0</b>		<b>STK</b>	<b>0.01</b>
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. <b>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.</b>					
Name of Authorized Representative <b>K Correia</b>					Date <b>10/4/23</b>
Signature of Authorized Representative <b>Kristen Correia</b>					

FILED 12<sup>th</sup>

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

OCT - 4 2023

BY \_\_\_\_\_



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

October 04, 2023 12:36 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

