



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

FILED 12th

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 _____