RI SOS Filing Number: 202446717760 Date: 2/14/2024 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

Filling period: February 1 - May 1

Siling Eng. \$50.00

→ Filing Fee: \$50.00 → Penalty: Additional \$25.0	0 fee if form is not	filed by May 31.					<u> </u>			
Entity ID Number	2. Exact name	2. Exact name of the Corporation								
791010	Gilman, (Gilman, Guidelli & Bellow, Inc.								
3. Principal Office Address 24 Farwell Street			City Newto				Zip 02460			
4. NAICS Code	α , α α									
236210	General co	General contracting and residential buildings.								
5. State of Incorporation										
Rhode Island	<u> </u>			Chock the	boy to indic	ate an att	achment 🗆			
7. List ALL officers (names and President Name Carlobard Carlo	Vice-Presid	Check the box to indicate an attachment ☐ Vice-President Name Doug Bellow								
Richard Gui										
Street Address 34 Glenwood	Street Address 75 North Crescent Circuit									
^{City} Cambridge	State MA	^{Zip} 02139	City Bost			MA _	^{Zip} 02135			
Secretary Name Gary Gilman			Treasurer Name Gary Gilman							
Street Address 36 Cedar Street			Street Address 36 Cedar Street							
^{City} Cambridge	State MA	^{Zip} 02140	City Can	nbridge	State N	ΛA	^{Zip} 02140			
8. List ALL directors (names an	d addresses)		Director Na		box to indi	cate an at	tachment 🔲			
Director Name			Director Na							
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 Issu				icate an a	ttachment PAR VALUE			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SE	RES	No Par V				
Changes require an additional fil	ling.	7,500		Common		INO Fa				
				15 410 0 0	tien in	in the ban	de of a ro			
11. This report must be execute ceiver or trustee, this report mu	ist be executed on I	pehalf of the corpor	ration by the	receiver or trustee.						
Under penalty of perjury, I de	clare and affirm th	at I have examine	ed this repo	rt, including any acc	companying	schedul	es and			
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date										
Richard Guidelli						2224				
Signature of Authorized Repres	Septative .	; ;								

MAIL TO:

Division of Business Services

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

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