



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDD05 BSD  
24 MAR 22 PM 2:23:20  
STAMP

1. Entity ID Number 001679004		2. Exact name of the Corporation Seamless Gutters Inc			
3. Principal Office Address 28 ALVERSON AVE		City PROVIDENCE		State RI	Zip 02909
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island Construction			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Pablo Rivera			Vice-President Name Pablo Rivera		
Street Address 28 ALVERSON AVE			Street Address 28 ALVERSON AVE		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name Pablo Rivera			Treasurer Name Pablo Rivera		
Street Address 28 ALVERSON AVE			Street Address 28 ALVERSON AVE		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Pablo Rivera			Director Name N/A		
Street Address 8 ALVERSON AVE			Street Address		
City PROVIDENCE	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			8000	CNP	0.00
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. <i>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.</i>					
Name of Authorized Representative Pablo Rivera					Date 3-4-2024
Signature of Authorized Representative 					

FILED

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

MAR 22 2024

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FORM 630- Revised: 12/2023