



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

REC'D RI005 BSD  
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Annual Report for the year: **2024**

**Corporation**

- 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>001750830</b>	2. Exact name of the Corporation <b>BATZ DRYWALL INC</b>
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3. Principal Office Address <b>90 LINCOLN AVE REAR</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
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4. NAICS Code <b>236118</b>	6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION</b>
5. State of Incorporation <b>RHODE ISLAND</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>STEPHANIE ALVAREZ GUTIERREZ</b>			Vice-President Name		
Street Address <b>90 LINCOLN AVE REAR</b>			Street Address		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued NUMBER OF SHARES	Check the box to indicate an attachment <input type="checkbox"/> CLASS/SERIES	PAR VALUE
	<b>0</b>		<b>0.00</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.  
**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 	FILED	Date <b>9/25/24</b>
Signature of Authorized Representative <b>OCT 25 2024</b> <b>64 Sdl</b>		

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