



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
24 OCT 25 AM 10:29 B4

1. Entity ID Number 001750830		2. Exact name of the Corporation BATZ DRYWALL INC			
3. Principal Office Address 90 LINCOLN AVE REAR		City CENTRAL FALLS		State RI	Zip 02863
4. NAICS Code 236118		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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEPHANIE ALVAREZ GUTIERREZ			Vice-President Name		
Street Address 90 LINCOLN AVE REAR			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			0 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. 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 OCT 25 2024 645dl		Date 9/25/24
Signature of Authorized Representative					

MAIL TO:
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