

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

**Annual Report for the year:** 2025  
**Corporation**


→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

**FEB 03 2025**  
**BY 2304 AA**

1. Entity ID Number 000910636		2. Exact name of the Corporation GM HOME IMPROVEMENTS INC.			
3. Principal Office Address 75 TRIPPS CORNER ROAD			City EXETER		State RI
			Zip 02822-2936		
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI		RESIDENTIAL CONSTRUCTION			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name GRANT W. MONIZ			Vice-President Name GRANT W. MONIZ		
Street Address 75 TRIPPS CORNER RD			Street Address 75 TRIPPS CORNER RD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name GRANT W. MONIZ			Treasurer Name GRANT W. MONIZ		
Street Address 75 TRIPPS CORNER RD			Street Address 75 TRIPPS CORNER RD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			1		
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.					
<b>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.</b>					
Name of Authorized Representative 					Date 2-3-2025
Signature of Authorized Representative GRANT W. MONIZ					

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)