



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.

FEB 26 2025

BY

1. Entity ID Number 1663657		2. Exact name of the Corporation Guaranteed Builders & Developers, Inc.			
3. Principal Office Address 14 West Street			City Douglas	State MA	Zip 01516
4. NAICS Code 231110		6. Brief description of the character of business conducted in Rhode Island Building & remodeling			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name James V. Tusino			Vice-President Name Fred E. LaRock		
Street Address 60 Cedar Street			Street Address 37 Putnam Hill Road		
City Seekonk	State MA	Zip 02771	City Sutton	State MA	Zip 01590
Secretary Name Fred E. LaRock			Treasurer Name Lee Williams		
Street Address 37 Putnam Hill Road			Street Address 2 Eagle Drive		
City Sutton	State MA	Zip 01590	City Douglas	State MA	Zip 01516
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name James V. Tusino			Director Name Benjamin J. Tusino		
Street Address 60 Cedar Street			Street Address 10 West Street		
City Seekonk	State MA	Zip 02771	City Douglas	State MA	Zip 01516
Director Name Robert Tusino			Director Name		
Street Address 21 Cherry Street			Street Address		
City Milford	State MA	Zip 01757	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
			1500	Common	No Par
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 James V. Tusino, President					Date Feb 13 2025
Signature of Authorized Representative 					

MAIL TO:

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