RI SOS Filing Number: 202566692970 Date: 3/6/2025 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division

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Annual Report for the year: 2025		MAR 06 2025
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00	CER	BY_1034

1. Entity ID Number	tee it form is not filed by May 31. 2. Exact name of the Corporation								
1766433	Bayberry Home Solutions, Inc.								
3. Principal Office Address			City	-	State		Zip		
81 Bayberry Road			Woons	socket	RI		02895		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
236220	Construct	Construction and any other lawful purpose							
5. State of Incorporation	7								
RI									
7. List ALL officers (names and a	Jdresses)			Check th	e box to indi	icate an at	tachment		
President Name Joseph Gadberry				Vice-President Name Roger Paquette, Jr.					
Street Address 81 Bayberry Road				Street Address 81 Bayberry Road					
Woonsocket	State RI	^{Zip} 02895	City Woo	Woonsocket Woonsocket		RI	^{Zip} 02895		
Secretary Name Roger Paque	Treasurer Name Roger Paquette, Jr.								
Street Address 81 Bayberry Road			Street Address 81 Bayberry Road						
City Woonsocket	State RI	^{Zip} 02895		onsocket	State	RI	Zip 02895		
8. List ALL directors (names and	addresses)			Check th	e box to ind	icate an at	tachment 🔲		
Roger Paquette, Jr.			Director Name Joseph Gadberry						
Street Address 81 Bayberry Road			Street Address 81 Bayberry Road						
City Woonsocket	State RI	^{Z_{ip}} 02895	City Woo	onsocket	State	RI	Zip 02895		
Director Name None			Director Name None						
Street Address			Street Address						
City	State	Zip	City		State		Zip		
9. Shares Authorized		10. Shares Issu	Jed Jed	Check the	ne box to ind	licate an a	 tachment □		
This information is currently of record in the NUMBER OF Department of State.									
Changes require an additional filing	200		Common			No Par Value			
	•								
11. This report must be executed	on behalf of the	corporation by an a	uthorized rep	presentative. If the co	orporation is	in the han	ds of a re-		
ceiver or trustee, this report must Under penalty of perjury, I declar	pe executed on are and affirm t	benait of the corpor	ation by the i	receiver or trustee, rt. including anv aci	 companyini	a schedul	es and		
statements, and that all stateme	ents contained	<u>herein are true and</u>	d correct.						
Name of Authorized Representative Roger Paquette, Jr.					Date				
Signature of Authorized Represer	ligive) /								
Key tok									

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov