



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

MAY 07 2025

BY

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number <u>001763306</u>		2. Exact name of the Corporation <u>AK SEAMLESS Gutters & Construction Inc.</u>	
3. Principal Office Address <u>14 Finne Rd</u>		City <u>Johnston</u>	State <u>RI</u>
4. NAICS Code <u>360790</u>		6. Brief description of the character of business conducted in Rhode Island <u>Repair & Install Seamless Gutters And other building repairs</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Kerri Santilli - Campbell</u>		Vice-President Name <u>Aaron Campbell</u>	
Street Address <u>14 Finne Rd</u>		Street Address <u>14 Finne Rd</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
Secretary Name <u>Kern Santilli Campbell</u>		Treasurer Name <u>Kern Santilli Campbell</u>	
Street Address <u>14 Finne Rd</u>		Street Address <u>14 Finne Rd</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Kern Santilli Campbell</u>		Director Name <u>Aaron Campbell</u>	
Street Address <u>14 Finne Rd</u>		Street Address <u>14 Finne Rd</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>Common</u>
Changes require an additional filing.			PAR VALUE <u>NO PAR</u>
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 <u>Kern Santilli Campbell</u>			Date <u>4.29.25</u>
Signature of Authorized Representative <u>Kern Santilli Campbell</u>			