



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2025

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>001692601</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>GUTIERREZ &amp; SONS, LLC</b>                           |                           |                     |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE MANAGEMENT</b> |                           |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                   |  |                                                                                                              |                           |                     |
| 6. Principal Office Address<br><b>265 PINE STREET</b>                                                                                                                                                          |  | City<br><b>PAWTUCKET</b>                                                                                     | State<br><b>RI</b>        | Zip<br><b>02860</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                              |                           |                     |
| Contact Name<br><b>JOSE M. BATISTA</b>                                                                                                                                                                         |  | Contact Title<br><b>MANAGER</b>                                                                              |                           |                     |
| Street Address<br><b>265 PINE STREET</b>                                                                                                                                                                       |  | City<br><b>PAWTUCKET</b>                                                                                     | State<br><b>RI</b>        | Zip<br><b>02860</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                              |                           |                     |
| 9. <i>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.</i> |  |                                                                                                              |                           |                     |
| Name of Authorized Person<br><b>JOSE M. BATISTA</b>                                                                                                                                                            |  |                                                                                                              | Date<br><b>02/04/2025</b> |                     |
| Signature of Authorized Person<br><i>Jose Batista</i>                                                                                                                                                          |  |                                                                                                              |                           |                     |

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## MAIL TO:

Division of Business Services

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