

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

I. Corporate ID No. 104754	2. Name of Corporate Siding Institute	e of America, Inc.			
3. Street Address Principal Business Office 1815 Post Road			City Warwick	State RI	^{Zip} 02886
4. Business Phone No. 401-739-1000		5. State of Incorporation Rhode Island			
5. Brief Description of the Chare To promote siding prod	icter of Business Conducted ucts through newslett	in Rhode Island ers and other forms of pub	plication, to deal in the s	iding business.	
7. NAMES AND ADDRES	SES OF THE OFFICE	RS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
John A. Aurgemma		Vice President Name Anthony J. Aurgemma			
Street Address 1815 Post Road		Street Address 1815 Post Road			
city Warwick	State RI	^{Zip} 02886	City Warwick	State RI	^{Zip} 02886
Secretary Name Phyllis A. Daudelin			Treasurer Name Phyllis A. Daudelin		
Street Address 1815 Post Road			Street Address 1815 Post Road		
City Warwick	State RI	^{Zip} 02886	City Warwick	State RI	^{Zip} 02886
8. NAMES AND ADDRES	SES OF THE DIRECT	ORS: ("X" BOX FOR ATT	· • · · · · · · · · · · · · · · · · · ·	SPACES BEFORE USIN	G ATTACHMENTS
Anthony J. Aurgemma			Director Name John A. Aurgemma		
Street Address			Street Address		
1815 Post Road	State	Zip	1815 Post Road	State	Zip
Warwick	RI	02886	Warwick	RI	02886
Director Name	******************************	***************************************	Director Name	•••••••••	
Street Address		Street Address			
City	State	Zip	City	State	Zip
). SHARES AUTHORIZE				 <i>("X" BOX FOR ATTAC</i> CTION <u>MUST</u> BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			200	Common	\$1 par value
This report must be exec	uted on behalf of the c	orporation by an authorize	d representative. If the c	corporation is in the hand	ls of a receiver or trus
his report must be execu	ted on behalf of the co	orporation by the receiver	or trustee.		
			Under penalty of p	perjury, I declare and affirm	that I have examined this
				ompanying schedules and st are true and correct.	atements, and that all sta
	HT HIS IN THE		commence inciting		-/-/-
File Date			$\langle \chi \chi$	ingenme-	3/3/09
File Date FILE			Signature	ugenm	3/3/09 Date
FILEL	Ne			urgemma	
File Date FILEC Check No. MAR 0 6 20 By:	109				