



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 9433		2. Name of Corporation TEENY'S INC.			
3. Street Address Principal Business Office 53 Railroad Street			City Wakefield	State RI	Zip 02880
4. Business Phone No. (401) 789-9997		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Selling and servicing aluminum windows and doors.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Cheryl Sherman			Vice President Name Cheryl Sherman		
Street Address 203 Biscuit City Road			Street Address 203 Biscuit City Road		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name Cheryl Sherman			Treasurer Name Cheryl Sherman		
Street Address 203 Biscuit City Road			Street Address 203 Biscuit City Road		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Cheryl Sherman			Director Name		
Street Address 203 Biscuit City Road			Street Address		
City Kingston	State RI	Zip 02881	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value NO PAR VALUE

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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.

FILED *CAS*

File Date _____

Check No. **FEB 04 2011**

By: *aw 1126*

BY SECRETARY OF STATE USE ONLY

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.

Cheryl Sherman
Signature _____ Date _____

Cheryl Sherman
Print or Type Name _____

President
Title _____