



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 28962		2. Exact name of the Corporation Skyscrapers, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Educational			
5. Principal office address 47 Peepoad Road		City North Scituate		State RI	Zip 02857
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Horton		Vice-President Name Kathleen Siok			
Street Address 109 East Killingly Road		Street Address 86 Spring Road			
City Foster	State RI	Zip 02825	City North Kingstown	State RI	Zip 02852
Secretary Name Quintina Huestis		Treasurer Name Linda Bergemann			
Street Address 25 Manley Drive		Street Address 41 Ross Hill Road			
City Pascoag	State RI	Zip 02859	City Charlestown	State RI	Zip 02813
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Stephen Siok		Director Name Conrad Cardano			
Street Address 86 Spring Road		Street Address 68 Colvintown Road			
City North Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816
Director Name James Crawford		Director Name Thomas Thibault			
Street Address 72 Martens Road		Street Address 277 Main Street			
City Portsmouth	State RI	Zip 02871	City Blackstone	State RI	Zip 01504
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Linda Bergemann
Signature of Officer or Authorized Representative

6/1/14

Date

Linda Bergemann

Print or Type Name of Officer or Authorized Representative