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**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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

**Filing Period:** January 1 - March 1 • **This report must be typed or printed legibly.**
**Filing Fee:** $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

| 1. Entity ID No. | 2. Exact name of the Corporation |
|---|---|
| **605742** | **Northern Exposure Siding, Inc.** |

| 3. Principal office address | City | State | Zip |
|---|---|---|---|
| **195 Main Street** | **Blackstone** | **MA** | **01504** |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| **(401) 883-5515** | **Massachusetts** |

6. Brief description of the character of business conducted in Rhode Island
**Siding contractor**

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **Richard A. Ravenelle** | **195 Main Street** | **Blackstone** | **MA** | **01504** |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **None** | | | | |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **Richard A. Ravenelle** | **195 Main Street** | **Blackstone** | **MA** | **01504** |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **Richard A. Ravenelle** | **195 Main Street** | **Blackstone** | **MA** | **01504** |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **Richard A. Ravenelle** | **195 Main Street** | **Blackstone** | **MA** | **01504** |
| Director Name | Street Address | City | State | Zip |
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |
| Director Name | Street Address | City | State | Zip |
| | | | | |

| 9. SHARES AUTHORIZED | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **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.** | 100 | Common | No par value |
| | | | |

*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.*

**File Date** _____

**Check No** _____

**By:** _____

**FOR SECRETARY OF STATE USE ONLY**

**FILED**
MAR 05 2015
BY

**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.**

Richard Ravenelle 2/26/15
Signature of Authorized Representative Date

**Richard A. Ravenelle, President**
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
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