



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 691839		2. Exact name of the Corporation WEATHERPROOF HOME IMPROVEMENTS INC			
3. Principal Office Address 12 BELT AVENUE			City WARWICK	State RI	Zip 02889
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island HOME IMPROVEMENTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DENNIS A. SCALZO JR			Vice-President Name FRANK SCALZO		
Street Address 12 BELT AVENUE			Street Address 190 LAKESIDE AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name DENNIS A SCALZO JR			Treasurer Name FRANK SCALZO		
Street Address 12 BELT AVENUE			Street Address 190 LAKESIDE AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PETER SCALZO			Director Name		
Street Address 132 HEDGROVE AVENUE			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		NO PAR
11. 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. <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 Representative DENNIS A. SCALZO JR				Date 1/3/17	
Signature of Authorized Representative <i>Dennis A. Scalzo Jr</i>					

FILED

JAN 06 2017

BY 11084 DS

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov