



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 605742		2. Exact name of the Corporation Northern Exposure Siding, Inc.			
3. Principal Office Address 195 Main Street, Apartment C			City Blackstone	State MA	Zip 01504
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Siding contractor			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard A. Ravenelle			Vice-President Name None		
Street Address 195 Main Street, Apartment C			Street Address		
City Blackstone	State MA	Zip 01504	City	State	Zip
Secretary Name Richard A. Ravenelle			Treasurer Name Richard A. Ravenelle		
Street Address 195 Main Street, Apartment C			Street Address 195 Main Street, Apartment C		
City Blackstone	State MA	Zip 01504	City Blackstone	State MA	Zip 01504
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard A. Ravenelle			Director Name		
Street Address 195 Main Street, Apartment C			Street Address		
City Blackstone	State MA	Zip 01504	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No par value
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. 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.					
Name of Authorized Representative Richard A. Ravenelle, President					Date 1/20/17
Signature of Authorized Representative <i>Richard A. Ravenelle</i>					

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

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