



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

Annual Report for the year: 2016
Corporation

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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 FEB 23 AM 11:02

1. Entity ID Number 000107065		2. Exact name of the Corporation Aquidneck Sheet Metal, Inc.			
3. Principal Office Address 134 Aquidneck Avenue			City Middletown	State RI	Zip 02842
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island To engage in the business of sheet metal and roofing work			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Andrew J. Behan			Vice-President Name Andrew J. Behan		
Street Address 134 Aquidneck Avenue			Street Address 134 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Andrew J. Behan			Treasurer Name Andrew J. Behan		
Street Address 134 Aquidneck Avenue			Street Address 134 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 1,000			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	PAR VALUE
			100	COMMON	\$0
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 <i>Andrew J. Behan</i>				Date 2/22/17	
Signature of Authorized Representative				FILED	

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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BY 296530

FORM 630 - Revised: 02/2017

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