



State of Rhode Island and Providence Plantations

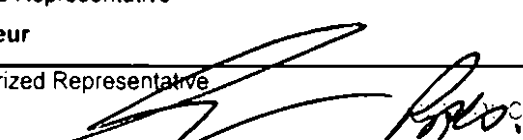
Department of State - Business Services Division

Annual Report for the year: **2018**
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 14704		2. Exact name of the Corporation STORMTITE COMPANY, INC.			
3. Principal Office Address 1065 Warwick Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 238170		6. Brief description of the character of business conducted in Rhode Island Construction contractors and any other lawful purpose			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Edgar N. Ladouceur			Vice-President Name Edgar N. Ladouceur		
Street Address 1065 Warwick Avenue			Street Address 1065 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Deborah Ladouceur			Treasurer Name Edgar N. Ladouceur		
Street Address 1065 Warwick Avenue			Street Address 1065 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Edgar N. Ladouceur			Director Name Deborah Ladouceur		
Street Address Same as above			Street Address Same as above		
City	State	Zip	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Edgar N. Ladouceur					Date 1/10/18
Signature of Authorized Representative  DOCUMENT HERE					

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

FILED

JAN 29 2018

FORM 630 - Revised: 10/2017

BY 35930 DS