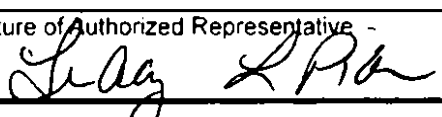




Department of State - Business Services Division

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 000118385		2. Exact name of the Corporation S & T IMPROVEMENTS, INC.			
3. Principal Office Address 107 Pine Woods Drive		City North Stonington		State CT	Zip 06359
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Business of home remodeling, repair and improvements.			
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 Tracy Pion			Vice-President Name Scott Pion		
Street Address 107 Pine Woods Drive			Street Address 107 Pine Woods Drive		
City North Stonington	State CT	Zip 06359	City North Stonington	State CT	Zip 06359
Secretary Name Scott Pion			Treasurer Name Tracy Pion		
Street Address 107 Pine Woods Drive			Street Address 107 Pine Woods Drive		
City North Stonington	State CT	Zip 06359	City North Stonington	State CT	Zip 06359
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tracy Pion			Director Name Scott Pion		
Street Address 107 Pine Woods Drive			Street Address 107 Pine Woods Drive		
City North Stonington	State CT	Zip 06359	City North Stonington	State CT	Zip 06359
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE None
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 Tracy Pion, President				Date 3/16/18	
Signature of Authorized Representative 				FILED MAR 22 2018 BY 2058 DS	
SIGN DOCUMENT HERE					