



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JUN 25 PM 12:34

1. Entity ID Number 000131608		2. Exact name of the Corporation The Barn Yard Enterprises, Inc	
3. Principal Office Address 9 Village Street		City Ellington	State CT
		Zip 06029	
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island Construction of residential P&B Barns & Garages. Delivery of pre-fabricated Storage Buildings		
5. State of Incorporation CT			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Everett Skinner IV		Vice-President Name Christopher Skinner	
Street Address 14 Bradway Pond Rd		Street Address 160 Bald Hill Rd	
City Stafford Springs	State CT	City Tolland	State CT
Zip 06076		Zip 06084	
Secretary Name Everett Skinner III		Treasurer Name	
Street Address 175 Eaton Rd		Street Address	
City Tolland	State CT	City	State
Zip 06084		Zip	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		PAR VALUE	
		20,000	
		CNP	
		\$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 Everett Skinner IV		Date 6/25/18	
Signature of Authorized Representative Everett Skinner IV		FILED	
		SIGN DOCUMENT HERE	
		JUN 25 2018	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govBY **333439**

A.A. 12:44pm.

FORM 630 - Revised: 10/2017