



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2014  
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 <b>000131608</b>		2. Exact name of the Corporation <b>The Barn Yard Enterprises, Inc</b>	
3. Principal Office Address <b>9 Village Street</b>		City <b>Ellington</b>	State <b>CT</b>
Zip <b>06029</b>			
4. NAICS Code <b>236115</b>	6. Brief description of the character of business conducted in Rhode Island <b>Construction of residential P&amp;B Barns &amp; Garages. Delivery of pre-fabricated Storage Buildings</b>		
5. State of Incorporation <b>CT</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Everett Skinner IV</b>		Vice-President Name <b>Christopher Skinner</b>	
Street Address <b>14 Bradway Pond Rd</b>		Street Address <b>160 Bald Hill Rd</b>	
City <b>Stafford Springs</b>	State <b>CT</b>	City <b>Tolland</b>	State <b>CT</b>
Zip <b>06076</b>		Zip <b>06084</b>	
Secretary Name <b>Everett Skinner III</b>		Treasurer Name	
Street Address <b>175 Eaton Rd</b>		Street Address	
City <b>Tolland</b>	State <b>CT</b>	City	State
Zip <b>06084</b>		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<b>20,000</b>	
		<b>CNP</b>	
		<b>\$0</b>	
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 <b>Everett Skinner IV</b>		Date <b>6/25/18</b>	
Signature of Authorized Representative <b>Everett</b>		SIGN DOCUMENT HERE <b>FILED</b>	

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

JUN 25 2018

BY **333439**  
**A.A. 12:43pm**

FORM 630 - Revised: 10/2017