



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 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	Zip 06076	City Tolland	State CT	Zip 06084
Secretary Name Everett Skinner III			Treasurer Name		
Street Address 175 Eaton Rd			Street Address		
City Tolland	State CT	Zip 06084	City	State	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	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 <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. <i>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.</i>					
Name of Authorized Representative Everett Skinner IV					Date 6/25/18
Signature of Authorized Representative <i>Everett</i>					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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