RI SOS Filing Number: 201870552240 Date: 6/25/2018 12:41:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 25 PM 12: 34

Annual Report for the year: 2012
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	2. Exact name of the Corporation		
000131608	**The Barn Yard Enterprises, Inc**		
3. Principal Office Address	City	State	Zip
9 Village Street	**Ellington**	**CT**	**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 ☐

President Name	Vice-President Name
Everett Skinner IV	**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 ☐

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 ☐		
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	CMP	$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	Date
Everett Skinner IV	6/25/18

Signature of Authorized Representative: Eve

FILED
JUN 25 2018
BY 333439
A.H. 12:41 pm.

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

FORM 630 - Revised: 10/2017