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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2010 JUN 25 PH 12: 34

Annual Report for the year:
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 nam	2. Exact name of the Corporation				
000131608		The Barn Yard Enterprises, Inc				
3. Principal Office Address			City	State	le Zip	
9 Village Street			Ellington	ст	06029	
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island				
136015	Construction	Construction of residential P&B Barns & Garages. Delivery of pre-fabricated Storage Buildings				
5. State of Incorporation						
ст					,	
7. List ALL officers (names an	nd addresses)	<del></del>		Check the box	x to indicate an attachment	
President Name Everett Skinner IV			Vice-President Name Christopher Skinner			
Street Address 14 Bradway Po			Street Address 160 Bald Hill Rd			
City Stafford Springs	State CT	<sup>Zıp</sup> 06076	City Tolland	State	<sup>e</sup> CT Zip 06084	
Secretary Name Everett Skinner III			Treasurer Name			
Street Address 175 Eaton Rd			Street Address			
City Tolland	State CT	<sup>Zip</sup> 06084	City	State	e Zip	
8. List ALL directors (names a	ind addresses)			Check the box	x to indicate an attachment	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	e Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	e Zip	
9. Shares Authorized 10. Shares Is:		Check the box to indicate an attachment				
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Department of State.			+			
Changes require an additional	filing.		<u> </u>	. —		
11. This report must be execu	ited on behalf of the	corporation by an	authorized represent	ative. If the corporation i	is in the hands of a receiver or	
trustee, this report must be ex	ecuted on behalf of	the corporation by	the receiver or truste	ee.		
Under penalty of perjury, I o statements, and that all stat	leclare and affirm :	that I have examir	ned this report, inclu	uding any accompanyi	ng schedules and	
Name of Authorized Represer	ntative	nordin are true at	io correct	Date	e ,	
werett St	Linec IV			<u>. n</u>	6/25/18	
Signature of Authorized Repre	esentative	SIGN DC	TILE Coment seet.		. ——	
( )e			H 1N1-90-E	2018		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 33339 A.A. 13:400 m. FORM 630 - Revised: 10/2017