RI SOS Filing Number: 201870556040 Date: 6/25/2018 12:35:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

2018 JUN 25 PM 12: 34

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

1. Entity ID Number	2. Exact nam	ne of the Corporation	חו					
000131608		The Barn Yard Enterprises, Inc						
3. Principal Office Address			City		State	Zip		
9 Village Street			Ellington		СТ	06029		
4. NAICS Code		ription of the charac						
33615	Constructio	in of residential Pi	&B Barns & Gara	ges. Delivery of	pre-fabricated	Storage Buildings		
5. State of Incorporation	l							
CT								
7. List ALL officers (names a	nd addresses)				the box to indic	cate an attachment 🔲		
President Name Everett Skinn			Vice-President N	Christopher	Skinner			
Street Address 14 Bradway P	Street Address	Street Address 160 Baid Hill Rd						
City Stafford Springs	State CT	^{Zip} 06076	City Tolland		State CT	Zip 06084		
Secretary Name Everett Skinr	ner III		Treasurer Name	Treasurer Name				
Street Address 175 Eaton Rd			Street Address	Street Address				
City Tolland	State CT	^{Zip} 06084	City		State	Zip		
8. List ALL directors (names	and addresses)			Check	k the box to indi	cate an attachment		
Director Name			Director Name					
Street Address			Street Address	Street Address				
City	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	State	Zip		
Director Name			Director Name	Director Name				
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares iss	sued	Checl	the box to indir	cate an attachment		
This information is currently o	of record in the		OF SHARES	CLASS/SERIE	ES	PAR VALUE		
Department of State.		1 200	W	CMP	['	& ()		
Changes require an additional filing.		68-244		<u> </u>				
11. This report must be executrustee, this report must be ex	uted on behalf of the executed on behalf of	corporation by an	authorized repress	entative. If the corp	oration is in the	hands of a receiver or		
Under penalty of perjury, I	declare and affirm t	that I have examin	ned this report, in	cluding any accor	mpanying sche	dules and		
statements, and that all sta	stements contained					 		
Name of Authorized Represe	ntarive .		FII FD	.	Date 6/2	<11x		
Signature of Authorized Repr	MILIA			<i>!</i>				

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