



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

Annual Report for the year: 2019
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 155610		2. Exact name of the Corporation Efficient Exteriors, Inc.			
3. Principal Office Address 625 Congdon Hill Road			City Saunderstown	State RI	Zip 02874
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Construction and remodeling services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert L. Arnold			Vice-President Name Robert L. Arnold		
Street Address 625 Congdon Hill Road			Street Address 625 Congdon Hill Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Robert L. Arnold			Treasurer Name Robert L. Arnold		
Street Address 625 Congdon Hill Road			Street Address 625 Congdon Hill Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert L. Arnold			Director Name		
Street Address 625 Congdon Hill Road			Street Address		
City Saunderstown	State RI	Zip 02874	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		
			100	Common	.01
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 Robert L. Arnold					Date
Signature of Authorized Representative 					

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

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FORM 630 - Revised: 10/2017