



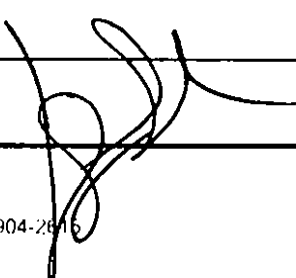
State of Rhode Island and Providence Plantations

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 122794		2. Exact name of the Corporation Frame Tech, Inc.												
3. Principal Office Address 470 Old Baptist Road			City North Kingstown	State RI	Zip 02852									
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island Construction												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Jeremy Sherer			Vice-President Name Jennifer Zoltners Sherer											
Street Address 470 Old Baptist Road			Street Address 470 Old Baptist Road											
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852									
Secretary Name Jeremy Sherer			Treasurer Name Jeremy Sherer											
Street Address 470 Old Baptist Road			Street Address 470 Old Baptist Road											
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Jeremy Sherer			Director Name											
Street Address 470 Old Baptist Road			Street Address											
City North Kingstown	State RI	Zip 02852	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAY VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAY VALUE	200	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAY VALUE												
200	Common	No Par												
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 Jeremy Sherer					Date									
Signature of Authorized Representative 					FILED									

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2616

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 24 2019BY 

FORM 630 - Revised: 10/2017