



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

FILED

JAN 24 2019

BY 101709

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 000104754		2. Exact name of the Corporation Siding Institute of America, Inc.			
3. Principal Office Address 1815 Post Road			City Warwick	State RI	Zip 02886
4. NAICS Code 238170		6. Brief description of the character of business conducted in Rhode Island To promote siding products through newsletters and other forms of publication, to deal in the siding business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John A. Aurgemma			Vice-President Name Anthony J. Aurgemma		
Street Address 1815 Post Road			Street Address 1815 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Phyllis A. Daudelin			Treasurer Name Phyllis A. Daudelin		
Street Address 1815 Post Road			Street Address 1815 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John A. Aurgemma			Director Name Anthony J. Aurgemma		
Street Address 1815 Post Road			Street Address 1815 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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		PAR VALUE
			200	Common	\$1 par value
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 John A. Aurgemma, President				Date 1/18/19	
Signature of Authorized Representative 			SIGN DOCUMENT HERE.		

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