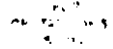




State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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 74366		2. Exact name of the Corporation ROBERT GOODWIN SIDING CO, INC.												
3. Principal Office Address 52 WATER STREET			City JOHNSTON	State RI	Zip 02919									
4. NAICS Code 238170		6. Brief description of the character of business conducted in Rhode Island SIDING AND PROPERTY MANAGEMENT												
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 GOODWIN			Vice-President Name											
Street Address 52 WATER STREET			Street Address											
City JOHNSTON	State RI	Zip 02919	City	State	Zip									
Secretary Name			Treasurer Name ROBERT GOODWIN											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name ROBERT GOODWIN			Director Name											
Street Address			Street Address											
City	State	Zip	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NPV</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NPV			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		100	COMMON	NPV										
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 T. Goodwin				Date 1-28-2019										
Signature of Authorized Representative <i>[Signature]</i>				FILED JAN 31 2019 BY 2611										