



Department of State - Business Services Division

FILED

MAR 06 2019

BY 05001
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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 43330		2. Exact name of the Corporation AIR METALWORKS, LTD.			
3. Principal Office Address 180 Shannock Village Road			City Shannock		State RI
			Zip 02875		
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Sheet metal contractors.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank S. Angell			Vice-President Name Robert M. Ciminero		
Street Address 180 Shannock Village Road			Street Address 180 Shannock Village Road		
City Shannock	State RI	Zip 02875	City Shannock	State RI	Zip 02875
Secretary Name Robert M. Ciminero			Treasurer Name Frank S. Angell		
Street Address 180 Shannock Village Road			Street Address 180 Shannock Village Road		
City Shannock	State RI	Zip 02875	City Shannock	State RI	Zip 02875
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			1,000	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 Frank S. Angell				Date 3/4 , 2019	
Signature of Authorized Representative 					