



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

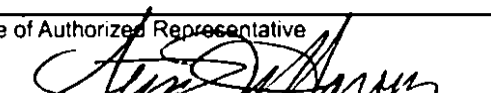

Annual Report for the year: 2019

Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number 000529843		2. Exact name of the Corporation J&S Building Exteriors, Inc.			
3. Principal Office Address P.O. Box 115			City Attleboro	State MA	Zip 02703
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island Roofing/Construction 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 Steven Harvey			Vice-President Name Joseph Smith		
Street Address 89 Linden Street			Street Address 123 Pine Street		
City Attleboro	State MA	Zip 02703	City Seekonk	State MA	Zip 02771
Secretary Name Joseph Smith			Treasurer Name Steven Harvey		
Street Address 123 Pine Street			Street Address 89 Linden Street		
City Seekonk	State MA	Zip 02771	City Attleboro	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven Harvey			Director Name Joseph Smith		
Street Address 89 Linden Street			Street Address 123 Pine Street		
City Attleboro	State MA	Zip 02703	City Seekonk	State MA	Zip 02771
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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			20,000 Common No 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 Steven Harvey, President					Date 2/21/19
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

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FORM 630 - Revised: 10/2017

BY CKH # 4513