



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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
2020 JAN -3 PM 1:03

1. Entity ID Number 14222		2. Exact name of the Corporation Stergis Supply Inc.										
3. Principal Office Address 80 Conant street		City Pawtucket	State R.I. Zip 02860									
4. NAICS Code 444190	6. Brief description of the character of business conducted in Rhode Island <i>whole sale distributor of railings and windows</i>											
5. State of Incorporation R.I.												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Christopher G Stergis		Vice-President Name Christopher G Stergis										
Street Address 6 Brookfarm Road		Street Address 6 Brookfarm Road										
City N. Prov.	State R.I.	Zip 02904	City N. Prov. State R.I. Zip 02904									
Secretary Name Christopher G Stergis		Treasurer Name Christopher G Stergis										
Street Address 6 Brookfarm Road		Street Address 6 Brookfarm Road										
City N. Prov.	State R.I.	Zip 02904	City N. Prov. State R.I. Zip 02904									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		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.		<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>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	common	0										
Changes require an additional filing.												
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 <i>CHRISTOPHER G STERGIS</i>		Date <i>1-3-2020</i>										
Signature of Authorized Representative <i>Christopher G Stergis</i>		SIGN DOCUMENT HERE FILED										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 03 2020
BY *CXS13*
A.A.

FORM 630 - Revised: 10/2017