



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

**FILED** STAMP  
 JAN 23 2020

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**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.

1. Entity ID Number <b>88611</b>		2. Exact name of the Corporation <b>Riggarna Architectural, Inc.</b>			
3. Principal Office Address <b>31 Dore Way</b>			City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
4. NAICS Code <b>812990</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the business of designing, manufacturing &amp; marketing tensile structures</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Ulf Josefsson</b>			Vice-President Name <b>Ulf Josefsson</b>		
Street Address <sup>31</sup> / <sub>21</sub> <b>Dore Way</b>			Street Address <sup>31</sup> / <sub>21</sub> <b>Dore Way</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>020871</b>
Secretary Name <b>Ulf Josefsson</b>			Treasurer Name <b>Ulf Josefsson</b>		
Street Address <sup>31</sup> / <sub>21</sub> <b>Dore Way</b>			Street Address <sup>31</sup> / <sub>21</sub> <b>Dore Way</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>Common</b>	<b>No Par</b>
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. <i>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.</i>					
Name of Authorized Representative <b>ULF JOSEFSSON</b>				Date <b>1/16/2020</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	