



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.

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2020 MAR -5 P 1:15

1. Entity ID Number 000132536		2. Exact name of the Corporation Pride Exteriors Corporation			
3. Principal Office Address 11 Robert Toner Boulevard, Suite 5-302			City North Attleboro	State MA	Zip 02763
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Real estate, contracting (marketing & sales), and rentals			
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 Darren Shepard			Vice-President Name Jada Shepard		
Street Address 11 Robert Toner Boulevard, Suite 5-302			Street Address 11 Robert Toner Boulevard, Suite 5-302		
City North Attleboro	State MA	Zip 02763	City North Attleboro	State MA	Zip 02763
Secretary Name Jada Shepard			Treasurer Name Jada Shepard		
Street Address 11 Robert Toner Boulevard, Suite 5-302			Street Address 11 Robert Toner Boulevard, Suite 5-302		
City North Attleboro	State MA	Zip 02763	City North Attleboro	State MA	Zip 02763
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Darren Shepard					Date 02/28/2020
Signature of Authorized Representative 					

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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