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.

JUN 0 2 2020

1. Entity ID Number 1086		2. Exact name of the Corporation ANNEX SHEET METAL & ROOFING CO., INC.						
	TAININEX.			10 00., IIIO.				
3. Principal Office Address			City		State	Zip		
169 North View Avenue, Suite 2			Cranston		RI	02920		
4. NAICS Code	6. Brief desc	ription of the chara-	cter of business	conducted in Rhode	Island	<u> </u>		
238160	Roofing an	Roofing and sheet metal business.						
5. State of Incorporation								
Rhode Island								
								
7. List ALL officers (names ar	id addresses)		Mrs. Preside	Chec	k the box to i	ndicate an attachment		
President Name Robert A. Stravato, Jr.			Vice-President Name None					
Street Address 169 North View Avenue, Suite 2			Street Address					
					<u> </u>	· ····		
City Cranston	State RI	^{Zip} 02920	City		State	Zip		
		Treasurer Name						
Secretary Name Robert A. Stravato, Jr.			Treasurer Name Robert A. Stravato, Jr.					
Street Address 169 North View Avenue, Suite 2			Street Address 169 North View Avenue, Suite 2					
City Cranston	State RI	Zip 02920	City Cranston		State RI	^{Zip} 02920		
8. List ALL directors (names a	and addresses)		ı	Chec	k the box to i	ndicate an attachment		
Director Name			Director Nam	ne Name				
Robert A. Stravato, Jr.				None				
Street Address 169 North View	w Avenue, Suite 2		Street Addre	SS				
City	State		City		State	Žip		
Cranston	RI	^{Zip} 02920						
Director Name None			Director Name None					
			Street Address					
Street Address			Street Addres	55				
City	State	Zip	City		State	Zip		
9. Shares Authorized	. Shares Authorized 10. Shares Is							
This information is currently o Department of State.	his information is currently of record in the		NUMBER OF SHARES		ales	No Par Value		
		100		Common	Common			
Changes require an additional	filing.							
dd This accordance to accord			a substantial design	and the lifth and	- exetion in in	the hands of a receiver or		
 This report must be executively the trustee, this report must be executed. 					poration is in	the hands of a receiver of		
Under penalty of perjury, I	declare and affirm	that I have exami	ned this report,	including any acco	ompanying s	chedules and		
statements, and that all sta	tements containe			· ·				
Name of Authorized Representative					Date			
Robert A. Stravato, Jr.	1 // V/				5	500		
Signature of Authorized Repr	esenyetye // /		· · · · · · · · · · · · · · · · · · ·					
WILLETT)	######################################	SIGN DO	DOUMENT FER	i				
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MAYL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov