



State of Rhode Island

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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BUS SVCS DIV

STAMP

2020 NOV 20 PM 10:44

1. Entity ID Number 001682947		2. Exact name of the Corporation Phenix Aluminum Window Co. Inc	
3. Principal Office Address 1788 South Main St.		City Fall River	State MA
		Zip 02724	
4. NAICS Code 444190	6. Brief description of the character of business conducted in Rhode Island sale/installation of windows and storm doors.		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Maurice A Phenix		Vice-President Name Maurice A Phenix	
Street Address 296 Woodlawn St.		Street Address 296 Woodlawn St.	
City Fall River	State MA	City Fall River	State MA
Zip 02720		Zip 02720	
Secretary Name		Treasurer Name Pauline R Phenix	
Street Address		Street Address 296 Woodlawn St.	
City	State	City Fall River	State MA
Zip 02720		Zip 02720	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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 none	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 Pauline R Phenix		Date 11/19/2020	
Signature of Authorized Representative Pauline R. Phenix		<div style="text-align: center;"> FILED NOV 20 2020 BY C9281 10:46 </div>	