



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

Annual Report for the year: 2021  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

JAN 07 2021

BY 17002

1. Entity ID Number <u>000000021</u>		2. Exact name of the Corporation <u>A.A. Insulation + Siding Inc.</u>			
3. Principal Office Address <u>50 King Street</u>		City <u>Johnston</u>		State <u>R.I.</u>	Zip <u>02919</u>
4. NAICS Code <u>238310</u>		6. Brief description of the character of business conducted in Rhode Island <u>Commercial Rentals</u>			
5. State of Incorporation					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Angelo Aiello</u>			Vice-President Name <u>same</u>		
Street Address <u>95 University Avenue</u>			Street Address		
City <u>PROV.</u>	State <u>R.I.</u>	Zip <u>02906</u>	City	State	Zip
Secretary Name <u>same</u>			Treasurer Name <u>same</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>same</u>			Director Name <u>same</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>same</u>			Director Name <u>same</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<u>600</u> <u></u> <u>NO PAR VALUE</u>		
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 <u>Angelo Aiello</u>				Date <u>1/5/21</u>	
Signature of Authorized Representative <u>Angelo Aiello</u>					

MAIL TO:  
Division of Business Services