



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

Annual Report for the year:

Corporation

2021

→ 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

5369

1. Entry ID Number 000062771		2. Exact name of the Corporation R. Sargeson Renovations, Inc.			
3. Principal Office Address 55 Twin Oak Drive		City Warwick	State RI	Zip 02889	
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island Property Maintenance			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Richard Sargeson			Vice-President Name Richard Sargeson		
Street Address 55 Twin Oak Drive			Street Address 55 Twin Oak Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Richard Sargeson			Treasurer Name Richard Sargeson		
Street Address 55 Twin Oak Drive			Street Address 55 Twin Oak Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Richard Sargeson			Director Name		
Street Address 55 Twin Oak Drive			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Director Name			Director Name		
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 Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			450	no par comm	450
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 Richard Sargeson				Date 1/2/2021	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017