



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

FILED

Annual Report for the year: **2021**
Corporation

JAN 21 2021

BY

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

1. Entity ID Number 14704		2. Exact name of the Corporation STORMTITE COMPANY, INC.												
3. Principal Office Address 1065 Warwick Avenue			City Warwick	State RI	Zip 02888									
4. NAICS Code 238170		6. Brief description of the character of business conducted in Rhode Island Construction contractors and any other lawful purpose												
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 Edgar N. Ladouceur			Vice-President Name Edgar N. Ladouceur											
Street Address 1065 Warwick Avenue			Street Address 1065 Warwick Avenue											
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888									
Secretary Name Deborah Ladouceur			Treasurer Name Edgar N. Ladouceur											
Street Address 1065 Warwick Avenue			Street Address 1065 Warwick Avenue											
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Edgar N. Ladouceur			Director Name Deborah Ladouceur											
Street Address Same as above			Street Address Same as above											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No par			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		100	Common	No par										
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 Edgar N. Ladouceur				Date 1/11/21										
Signature of Authorized Representative														

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov