RI SOS Filing	Date: 2/4/2	021 4:00:00 PM	1				
State of Rhode Island	to Busins	on Continos	Division				
Department of Sta		22 261 AIC62	DIVISION				
Annual Report for the year: 2021					FIL	<u>_</u>	
Corporation							
 → Filing period: January 1 - M → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe 			FEB 0.	$\frac{1}{1} \frac{2021}{0} = 0$			
1. Entity ID Number		of the Corporation	<u> </u>	<u>PY</u>			
60196	Airtight Windows And Seamsless Vinyl siding, Incorporated					1-25	
3. Principal Office Address 1020 Warwick Ave.			City Warwick		State RI	Zip 02888	
4. NAICS Code. 23	6. Brief description of the character of business conducted in Rhode Island Installation of replacement windows and vinyl siding.						
7. List ALL officers (names and add	resses)			Check t	the box to i	ndicate an attachment	
President Name Ronald Grenga			Vice-President Name NONE				
Street Address 1020 Warwick Ave.			Street Address				
City Warwick	State RI	Zip 02888	City		State	Zip	
Secretary Name Ronald Grenga			Treasurer Name Ronald Grenga				
Street Address 1020 Warwick Ave.			Street Address	Street Address 1020 Warwick Ave.			
^{City} Warwick	State RI	Zip ₀₂₈₈₈	City Warwick		State RI	^{Zip} 02888	
List ALL directors (names and ac Director Name	idresses)		Disastes Name	Check	the box to i	ndicate an attachment	
Ronald Grenga			Director Name NONE				
Street Address 1020 Warwick Ave.			Street Address				
City Warwick	State RI	^{Zip} 02888	City		State	Zıp	
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of recor	rd in the	10. Shares iss				ndicate an attachment PAR VALUE	
Department of State.		NUMBER OF SHARES		C:ASS/SERIES Common No		No Par Value	
Changes require an additional filing.							
 This report must be executed of trustee, this report must be executed 	n behalf of the	corporation by an a	authorized repres	entative. If the corpoustee.	ration is in	the hands of a receiver or	
Under penalty of perjury, I declar	re and affirm ti	hat I have examin	ed this report, ir	cluding any accom	panying s	chedules and	
statements, and that all statements and that all statements and that all statements when the statement and that all statements are statements are statements.	ia correct.	Date 2/1/2021					
Signature of Authorized Representa	ative	1					

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

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