



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

FEB 23 2021

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- 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 <u>001663965</u>		2. Exact name of the Corporation <u>JA Schackner Builders Inc</u>			
3. Principal Office Address <u>71 Ward Ave</u>			City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
4. NAICS Code <u>238350</u>		6. Brief description of the character of business conducted in Rhode Island <u>JA Schackner Builders Inc. is a veteran-owned second generation small remodeling company with over twenty-five years of experience. Ted is a Master Carpenter and residential contractor. Some additions, renovations, restorations - both interior and exterior garages, porches, etc.</u>			
5. State of Incorporation <u>RI</u>		7. List ALL officers (names and addresses) <u>is offered by our company.</u> Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Gerald A Schackner</u>			Vice-President Name <u>None</u>		
Street Address <u>71 Ward Ave</u>			Street Address		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City	State	Zip
Secretary Name <u>Catherine M. Schackner (Bookkeeper)</u>			Treasurer Name <u>None</u>		
Street Address <u>30 Narragansett Ave</u>			Street Address		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>None</u>			Director Name <u>None</u>		
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.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<u>0</u>		<u>0</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. <u>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.</u>					
Name of Authorized Representative <u>Catherine M. Schackner</u>				Date <u>Feb. 19, 2021</u>	
Signature of Authorized Representative <u>Catherine M. Schackner</u>					

MAIL TO:

Division of Business Services
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