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	Filing Number: 20219469	5860 Date: 3/17/2021	4:00:00 FILED	•
State of Rhode Isl Department	^{and} of State - Business Servi		MAR 1 7 202	
Annual Report for the year: 2021 Corporation			BY SA-0(\supset
 → Filing period: Januar → Filing Fee: \$50.00 → Penalty: Additional \$2 	y 1 - March 1 25.00 fee if form is not filed by Ap	oril 1.)()
1. Entity ID Number 1086	2. Exact name of the Corp ANNEX SHEET METAL	ooration & ROOFING CO., INC.		
3. Principal Office Address 169 North View Avenue, S	uite 2	City Cranston	State RI	Zip 02920
4. NAICS Code 238160	6. Brief description of the Roofing and sheet metal	character of business conducted business.	in Rhode Island	
5. State of Incorporation				

Principal C 169 North V 4. NAICS Co 238160 5. State of In Rhode Island List ALL officers (names and addresses) Check the box to indicate an attachment President Name Robert A. Stravato, Jr. Vice-President Name Street Address 169 North View Avenue, Suite 2 Street Address State RI City Cranston Zip 02920 State Zip City Secretary Name Robert A. Stravato, Jr. Treasurer Name Robert A. Stravato, Jr. Street Address 169 North View Avenue, Suite 2 Street Address 169 North View Avenue, Suite 2 State RI State RI City Cranston ^{Zıp} 02920 City Cranston ^{Zip} 02920 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name None Director Name Robert A. Stravato, Jr. Street Address Street Address 169 North View Avenue, Suite 2 Zip 02920 State City State Zip Cranston RI Director Name None Director Name None Street Address Street Address Ζiρ City State Zip City State 9. Shares Authorized Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES Department of State. 100 Common No Par Value Changes require an additional filing. 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 Robert A. Stravato, J 3-15-21 Signature

MAIL TO:

Division of Business Services

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

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