

State of Rhode Island  
Department of State - Business Services Division

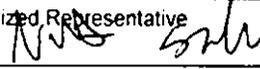
FILED

Annual Report for the year: 2021  
Corporation

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

APR 14 2021

BY  1135

1. Entity ID Number 001707218		2. Exact name of the Corporation SHORELINE, INC			
3. Principal Office Address 10 NATE WHIPPLE HWY - BLDG MICH			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island REMODELING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
President Name NORBERT SZUMLANSKI			Vice-President Name		
Street Address 10 NATE WHIPPLE HWY			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name NORBERT SZUMLANSKI			Treasurer Name NORBERT SZUMLANSKI		
Street Address 10 NATE WHIPPLE HWY			Street Address 10 NATE WHIPPLE HWY		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
Director Name NORBERT SZUMLANSKI			Director Name		
Street Address 10 NATE WHIPPLE HWY			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100			
				PAR VALUE	
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. <b>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.</b>					
Name of Authorized Representative 					Date
Signature of Authorized Representative NORBERT SZUMLANSKI					

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov