



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

Annual Report for the year: 2021  
 Corporation

FILED

MAY 11 2021

BY 1020 DS

- 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>941878</u>		2. Exact name of the Corporation <u>RJ Puopolo + Sons Inc</u>			
3. Principal Office Address <u>127 Dean Ave Smithfield</u>			City	State <u>RI</u>	Zip <u>02917</u>
4. NAICS Code <u>23018</u>		6. Brief description of the character of business conducted in Rhode Island <u>Replacement Windows + Doors</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Richard Puopolo</u>			Vice-President Name		
Street Address <u>658 Chesnut Hill Rd</u>			Street Address		
City <u>Chedechet</u>	State <u>RI</u>	Zip <u>02814</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<u>0</u>		<u>0.1</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.					
<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 <u>[Signature]</u>				Date <u>5-11-21</u>	
Signature of Authorized Representative					

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

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 MAY 11 AM 11:25