



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

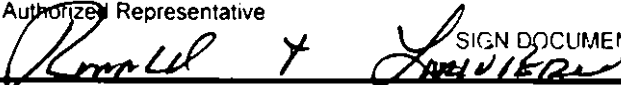
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JUL 09 2021

BY

1. Entity ID Number 000052534		2. Exact name of the Corporation Stateside Vinyl Siding Co., Inc.										
3. Principal Office Address 651 Cottage Street			City Pawtucket	State RI	Zip 02861							
4. NAICS Code 238170	6. Brief description of the character of business conducted in Rhode Island General Contracting.											
5. State of Incorporation RI												
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>							
President Name Ronald T. Lariviere			Vice-President Name None									
Street Address 651 Cottage Street			Street Address									
City Pawtucket	State RI	Zip 02861	City	State	Zip							
Secretary Name			Treasurer Name									
Street Address			Street Address									
City	State	Zip	City	State	Zip							
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>							
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										
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>None</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	None	
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1000	Common	None										
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 Ronald T. Lariviere					Date 7/6/2021							
Signature of Authorized Representative 					SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov