



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 SEP 30 PM 12:15

1. Entity ID Number 000107655		2. Exact name of the Corporation PGT Industries, Inc.			
3. Principal Office Address 1070 Technology Dr			City Nokomis	State FL	Zip 34275
4. NAICS Code 332321		6. Brief description of the character of business conducted in Rhode Island Custom Windows, Doors and Enclosure Systems			
5. State of Incorporation FL					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jeffrey T. Jackson			Vice-President Name Deborah Lapinska		
Street Address 1070 Technology Dr			Street Address 1070 Technology Dr		
City Nokomis	State FL	Zip 34275	City Nokomis	State FL	Zip 34275
Secretary Name			Treasurer Name Brad West		
Street Address			Street Address 1070 Technology Dr		
City	State	Zip	City Nokomis	State FL	Zip 34275
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Rodney Hershberger			Director Name		
Street Address 1070 Technology Dr			Street Address		
City Nokomis	State FL	Zip 34275	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			981,000		
			Common		
			.001		
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 Kevin Huber					Date 7/7/2021
Signature of Authorized Representative <i>[Signature]</i>					

FILED

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

SEP 30 2021
BY **Ch 18E0A**
12:22
FORM 630 - Revised: 10/2017