RI SOS Filing Number: 202102704020 Date: 9/30/2021 12:20:00 PM

State of Rhode Island Department of	Division		202150				
Annual Report for the Corporation	_			30 000			
 → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0 		t filed by April 1.				30 Ph/2:15	
1. Entity ID Number	2. Exact name	e of the Corporation	1				
000107655	PGT Indu	stries, Inc.					
3. Principal Office Address			City		State	Zip	
1070 Technology Dr			Nokomis i		FL	34275	
4. NAICS Code	Brief descri	ption of the charac	ter of business (conducted in Rhodo	e Island		
332321	Custom Win	Custom Windows, Doors and Enclosure Systems					
5. State of Incorporation							
FL							
7. List ALL officers (names and	IVien Prosider	Check the box to indicate an attachment Vice-President Name					
President Name Jeffrey T. Jack	Deborah Lapinska						
Street Address 1070 Technology Dr			Street Address 1070 Technology Dr				
Cily Nokomis	State FL	^{Zip} 34275	City Nokomis		State FL	^{Zip} 34275	
Secretary Name	<u> </u>		Treasurer Name Brad West				
Street Address			Street Addres	s 1070 Technolog	y Dr		
City	State	Zip	City Nokomis		State FL	^{Zip} 34275	
8. List ALL directors (names a	nd addresses)		···		ck the box to ind	icate an attachment 🔲	
Director Name Rodney Hersht	perger		Director Nam	e			
Street Address 1070 Technology Dr			Street Address				
City Nokomls	State FL	Zip 34275	Gity		State	Zip	
Director Name	4		Director Nam	Director Name			
Street Address	Street Address						
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10, Shares Iss		Che	ck the box to ind	icate an attachment 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.			981,000		CLASS/SERIES PAR VALUE OIN MOIN , QO		
		1 200,0				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11. This report must be execu- trustee, this report must be ex					rporation is in the	e hands of a receiver or	
Under penalty of perjury, I distatements, and that all state	leclare and affirm t	hat I have examin	ed this report,	including any acc	ompanying sch	edules and	
Name of Authorized Represen	we were the we			Date 7/7	Date 7/7/1021		
Signature of Authorized Repre	esentative						
7/ 7		·					

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 \$ 0 2021 BY UN 18E OF

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