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

R.I. SECRETARY OF STATE
2021 SEP 30 PM 12:15

Annual Report for the year: 2019
Corporation

→ 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	2. Exact name of the Corporation
000107655	PGT Industries, Inc.

3. Principal Office Address	City	State	Zip
1070 Technology Dr	Nokomis	FL	34275

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
332321	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	Date
Kevin Huber	7/7/2021
Signature of Authorized Representative	

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 18EOA
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FORM 630 - Revised: 10/2017