



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

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**Annual Report for the year: 2015**  
**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 <b>000107655</b>		2. Exact name of the Corporation <b>PGT Industries, Inc.</b>			
3. Principal Office Address <b>1070 Technology Dr</b>			City <b>Nokomis</b>	State <b>FL</b>	Zip <b>34275</b>
4. NAICS Code <b>332321</b>		6. Brief description of the character of business conducted in Rhode Island <b>Custom Windows, Doors and Enclosure Systems</b>			
5. State of Incorporation <b>FL</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jeffrey T. Jackson</b>			Vice-President Name <b>Deborah Lapinska</b>		
Street Address <b>1070 Technology Dr</b>			Street Address <b>1070 Technology Dr</b>		
City <b>Nokomis</b>	State <b>FL</b>	Zip <b>34275</b>	City <b>Nokomis</b>	State <b>FL</b>	Zip <b>34275</b>
Secretary Name			Treasurer Name <b>Brad West</b>		
Street Address			Street Address <b>1070 Technology Dr</b>		
City	State	Zip	City <b>Nokomis</b>	State <b>FL</b>	Zip <b>34275</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Rodney Hershberger</b>			Director Name		
Street Address <b>1070 Technology Dr</b>			Street Address		
City <b>Nokomis</b>	State <b>FL</b>	Zip <b>34275</b>	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		
			CLASS/SERIES		FAR VALUE
			<b>286,000</b>		<b>1001</b>
			<b>Common</b>		
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 <b>Kevin Huber</b>					Date <b>7/7/2021</b>
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

**FILED** ✓

**SEP 30 2021**

**BY** CL 18E0A  
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