



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

2022 DEC 22 PM 1:19

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- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000118385		2. Exact name of the Corporation S & T Improvements, Inc			
3. Principal Office Address 10 Laurel Street		City Ashaway		State RI	Zip 02804
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Home remodeling, repair and improvements				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Zachary M Pion			Vice-President Name		
Street Address 10 Laurel Street			Street Address		
City Ashaway	State RI	Zip 02804	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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES CNP	PAR VALUE 0
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 Zachary Pion				Date 10/25/2022	
Signature of Authorized Representative 				FILED 1:20pm DEC 22 2022 BY MS ZYGP2	

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

FORM 630 - Revised: 11/2021