



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

MAR 02 2023
 9810

Stamp with signature and date.

1. Entity ID Number 113755		2. Exact name of the Corporation A & M Sheetmetal & Roofing, Inc.			
3. Principal Office Address 9 Industrial Way			City East Providence	State RI	Zip 02915
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island To manufacture, purchase, sell, and deal in, apply, lay, construct, install and repair roofing			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Hull, Jr.			Vice-President Name Deborah Hull		
Street Address 9 Industrial Way			Street Address 9 Industrial Way		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Michael Hull, Jr.			Treasurer Name Deborah Hull		
Street Address 9 Industrial Way			Street Address 9 Industrial Way		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Hull, Jr.			Director Name Deborah Hull		
Street Address 9 Industrial Way			Street Address 9 Industrial Way		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	Common	No Par
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 Michael Hull, Jr.				Date 2-23-2023	
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