RI SOS Filing Number: 202330194930 Date: 3/7/2023 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: 2023 FILED Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 2. Exact name of the Corporation Entity D Number ALTENLOE, BRINCK & 3. Principal Office Address City State Zip <u> 280 FRANKLIN STREET</u> BRISTOL R: 02809 4 NAICS Code 6. Brief description of the character of business conducted in Rhode Island 332700 5. State of Incorporation ROOF FASTENERS 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name JASON BEALS Street Address Street Address 021_05 COUNTY ROAD 12-C State City Zıp City Zip State BRYAN OH <u>43506</u> Secretary Name Treasurer Name Street Address Street Address City Zip City State State Zıp

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8. List ALL directors (names and addresses)					Check the box to indicate an attachment					
Director Name				Director Name						
Street Address				Street Address						
City	State	Ζıρ)	City		State	e Zip			
Director Name				Director Name						
Street Address				Street Address						
City	State	Zıp	<u> </u>	City		State		Zip	<u>-</u>	
9. Shares Authorized	10. Shares Issued	Check the box			ox to indi	ox to indicate an attachment				
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SER			RIES PAR VALUE				
					COMMON					
Changes require an additional filing.										
11 This report must be executed	d on behalf of the d	огр	oration by an authoriz	ed represen	tative. If the corporation	n is in th	ne hands (of a receiver or		
trustee, this report must be exec	cuted on behalf of	the d	corporation by the rec	eiver or trust	ee.					
Under penalty of perjury, I	declare and af	firn	n that I have exam	ined this r	eport, including a	пу асс	ompany	ing schedules and	d	
statements, and that all st	atements conta	ine	d herein are true	and correc	et.					
Name of Authorized Representative							Date			

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

JASON BEALS