

State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Foreign Business Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. <u>001310768</u>

2. Name of Corporation Supreme Systems, Inc.

3. Street Address Principal Business Office:

No. and Street: 788 SHERIDAN STREET

City or Town: CHICOPEE State: MA Zip: 01020 Country: USA

4. Business Phone No.

5. State of Incorporation

State: MA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

238160

6. Brief Description of the Character of Business Conducted in Rhode Island

ROOFING CONTRACTOR

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name | Address |
|-------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

| PRESIDENT | JON J. HAMBLEY | 64 MARION ST. CHICOPEE, MA 01013 USA | |
|----------------|-----------------|---|--|
| TREASURER | TIM RAINEY | 788 SHERIDAN STREET CHICOPEE, MA 01020 USA | |
| SECRETARY | TIM RAINEY | 788 SHERIDAN STREET CHICOPEE, MA 01020 USA | |
| CFO | STUART MITCHELL | 788 SHERIDAN STREET CHICOPEE, MA 01020 USA | |
| VICE PRESIDENT | TIM MAGOON | 788 SHERIDAN STREET CHICOPEE, MA 01020 USA | |
| DIRECTOR | JON J. HAMBLEY | 64 MARION ST. CHICOPEE, MA 01013 USA | |
| DIRECTOR | TIM MAGOON | 788 SHERIDAN STREET CHICOPEE, MA 01020 USA | |
| DIRECTOR | TIM RAINEY | 788 SHERIDAN STREET CHICOPEE, MA 01020 USA | |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per | | Total Issued and |
|----------------|-----------------|---------------|------------------|------------------|
| | | Share | Total Authorized | Outstanding |
| | | | Shares | Num of |
| | | | Number of Shares | Shares |
| CNP | | \$0.0000 | 15,000.00 | 1000 |

9. 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.

Signed this 27 Day of March, 2023 at 3:35:17 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By JESSICA MOLLOY

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07