



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.

RECEIVED

1. Entity ID Number 001526569		2. Exact name of the Corporation Jeld-Wen, Inc.	
3. Principal Office Address 2645 Silver Crescent Drive		City Charlotte	State NC
		Zip 28273	
4. NAICS Code 321911	6. Brief description of the character of business conducted in Rhode Island Manufacturer of doors and windows		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name William Christensen		Vice-President Name Brian Luke	
Street Address 2645 Silver Crescent Drive		Street Address 2645 Silver Crescent Drive	
City Charlotte	State NC	City Charlotte	State NC
Zip 28273		Zip 28273	
Secretary Name James Hayes		Treasurer Name Brian Luke	
Street Address 2645 Silver Crescent Drive		Street Address 2645 Silver Crescent Drive	
City Charlotte	State NC	City Charlotte	State NC
Zip 28273		Zip 28273	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Julie C. Albrecht		Director Name Gary S. Michel	
Street Address 2645 Silver Crescent Drive		Street Address 2645 Silver Crescent Drive	
City Charlotte	State NC	City Charlotte	State NC
Zip 28273		Zip 28273	
Director Name James S. Hayes		Director Name	
Street Address 2645 Silver Crescent Drive		Street Address	
City Charlotte	State NC	City	State
Zip 28273		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	
		CLASS/SERIES	
		PAR VALUE	
3,000		Class A Common .01	
2,000		Class B Common .01	
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. <i>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.</i>			
Name of Authorized Representative James S. Hayes			Date 5/18/2023
Signature of Authorized Representative 			

FILED

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

JUN 15 2023 2:29 pm.
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FORM 630 - Revised: 04/2023