



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

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
2023 JUN 15 P 2 26

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 Gary Michel		Vice-President Name Brian Luke			
Street Address 2645 Silver Crescent Drive			Street Address 2645 Silver Crescent Drive		
City Charlotte	State NC	Zip 28273	City Charlotte	State NC	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	Zip 28273	City Charlotte	State NC	Zip 28273
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Scott Vining		Director Name Gary S. Michel			
Street Address 2645 Silver Crescent Drive			Street Address 2645 Silver Crescent Drive		
City Charlotte	State NC	Zip 28273	City Charlotte	State NC	Zip 28273
Director Name Roya Behnia		Director Name			
Street Address 2645 Silver Crescent Drive			Street Address		
City Charlotte	State NC	Zip 28273	City	State	Zip
9. Shares Authorized		10. Shares Issued			
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

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FORM 650- Revised 04/2023