



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

JAN 25 2024 *Q*  
*1022*

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000000021</b>		2. Exact name of the Corporation <b>A.A. Insulation &amp; Siding INC</b>			
3. Principal Office Address <b>50 King Street</b>			City <b>Johnston</b>	State <b>R.I.</b>	Zip <b>02919</b>
4. NAICS Code <b>238310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Commercial Rentals</b>			
5. State of Incorporation <b>R.I.</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Angelo Aiello</b>			Vice-President Name <b>same</b>		
Street Address <b>95 University Ave.</b>			Street Address		
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name <b>same</b>			Treasurer Name <b>same</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>same</b>			Director Name <b>same</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>same</b>			Director Name <b>same</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <b>600</b>		CLASS/SERIES	PAR VALUE
					<b>NO PAR VALUE</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Angelo Aiello</b>				Date <b>1/23/24</b>	
Signature of Authorized Representative <b>Angelo Aiello</b>					