| State of Rhode IslandFee: \$50.00Office of the Secretary of StateDivision Of Business Services148 W. River StreetProvidence RI 02904-2615 |
|--|
| 1636 (401) 222-3040 |
| 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 - ENTER THE CURRENT YEAR 2024: 2024 |
| 1. Corporate ID No. 000016617 |
| 2. Name of Corporation <u>HERITAGE REMODELING, LTD.</u> |
| 3. Street Address Principal Business Office: |
| No. and Street: 3 HEZEKIAH DR |
| |
| City or Town:WARRENState: RIZip: 02885Country: USA |
| 4. Business Phone No. |
| <u>401-4475646</u> |
| 5. State of Incorporation |
| State: <u>RI</u> |
| NAICS CODE |
| 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. |
| <u>238170</u> |
| 6. Brief Description of the Character of Business Conducted in Rhode Island |
| INSTALL VINYL SIDING, ROOFING AND WINDOWS |
| 7. Names and Addresses of the Officers and Directors: |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete. |

| | | Individual Name First, Middle, Last, Suffix | | Address Address, City or Town, State, Zip Code, Country | |
|-----------------------|---|--|---|--|--|
| PRESIDENT | EDMUND J BARBE | EDMUND J BARBER JR | | 3 HEZEKIAH DRIVE WARREN, RI 02885 USA | |
| VICE PRESIDENT | ROBERT ALFOR | ROBERT ALFORD | | 103 ELMWOOD AVE SWANSEA, MA 02777 USA | |
| Shares Authorized and | Issued | | | | |
| Class of Stock | Series of Stock | Par Value Per Share | | Total Authorized Shares Number of Shares | Total Issued and Outstanding Num of Shares |
| CNP | | \$0.0000 | | 1,000.00 | 200 |
| • | ecuted on behalf of the e hands of a receiver o ne receiver or trustee. | - | - | | |

Form No. 630 Revised 09/07

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