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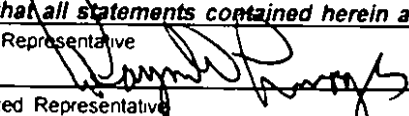
State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2024  
Corporation

→ Filing period February 1 - May 1

→ Filing Fee: \$50.00

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

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|  |             |  |                     |                 |              |
|--|-------------|--|---------------------|-----------------|--------------|
| 1. Entity ID Number<br>001699429   |             | 2. Exact name of the Corporation<br>RAY'S CARPENTRY & HOME IMPROVEMENT INC                 |                     |                 |              |
| 3. Principal Office Address<br>P.O. BOX 124  |             | City<br>EXETER   |                     | State<br>RI     | Zip<br>02822 |
| 4. NAICS Code<br>812990  |             | 6. Brief description of the character of business conducted in Rhode Island<br><br>SERVICE |                     |                 |              |
| 5. State of Incorporation<br>RI  |             |  |                     |                 |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |  |                     |                 |              |
| President Name<br>RAYMOND LIMOGES  |             |  | Vice-President Name |                 |              |
| Street Address<br>28 BEACON DRIVE  |             |  | Street Address      |                 |              |
| City<br>NORTH KINGSTOWN  | State<br>RI | Zip<br>02852   | City                | State           | Zip          |
| Secretary Name   |             |  | Treasurer Name      |                 |              |
| 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  |             |  | Director Name       |                 |              |
| Street Address   |             |  | Street Address      |                 |              |
| City   | State       | Zip  | City                | State           | Zip          |
| Director Name  |             |  | Director Name       |                 |              |
| Street Address   |             |  | Street Address      |                 |              |
| City   | State       | Zip  | City                | State           | Zip          |
| 9. Shares Authorized <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>  |             |  |                     |                 |              |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |             | NUMBER OF SHARES   |                     | CLASS/SERIES    | PAR VALUE    |
|  |             | 100  |                     | ANP             | 6.0          |
| 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.<br><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<br>   |             |  |                     | Date<br>2-16-24 |              |
| Signature of Authorized Representative<br>RAYMOND LIMOGES  |             |  |                     |                 |              |

## 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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