



State of Rhode Island
Department of State - Business Services Division

REC'D: RIDOS BSD
 24 FEB 29 AM 9:00:00

Annual 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.

1. Entry ID Number 14222		2. Exact name of the Corporation STERGIS SUPPLY INC.			
3. Principal Office Address 80 CONANT STREET		City PAWTHUCKET	State RI	Zip 02860	
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTOR OF ALUMINUM & RAILINGS & WINDOWS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHRISTOPHER G STERGIS			Vice-President Name CHRISTOPHER G STERGIS		
Street Address 6 BROOK FARM RD.			Street Address 6 BROOK FARM RD		
City NI. BROOK	State RI	Zip 02904	City NI. BROOK	State RI	Zip 02904
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		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	
		100		COMMON	
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. 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.					
Name of Authorized Representative CHRISTOPHER G STERGIS					Date
Signature of Authorized Representative <i>Christopher G Stergis</i>					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

FEB 29 2024

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