RI SOS Filing Number: 202447931020 Date: 3/1/2024 4:00:00 PM

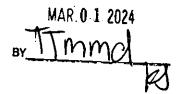
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State of Rhode Island					₩.		
Department of State - Business Services Division							
Annual Report for the year: 2021						RIDOS	
Corporation							
Filing period: February 1 - May 1					8SD 14:1		
→ Filing Fee: \$50.00					ii Ö		
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					<u>~~</u>	·	
Entity ID Number	2. Exact name of the Corporation						
1001677687	tenco Pro Inc						
3. Principal Office Address City State Zip							
	·			201.	127	(2200)	
433 New meadow Rd Bamngton RI OD						10000	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
238900	Fence Installation						
5. State of Incorporation	1						
PT							
7. List ALL officers (names and add	Iresses)			Check the hox	to indicat	e an attachment 🔲	
President Name Vice-President Name							
Kevin A Vie							
Stroet Address 433 New Meadow Rd			Street Address				
Citys 1	<u>-</u>	17.0	City	City State Zip			
Barnaton	State	12804e	City		SIZILE	Zip	
Secretary Name		1 0 000	Treasurer Name				
Street Address			Street Address				
	To: .	T		 	In.	I	
City	State	Zip	City		State	Zip	
8 List ALL directors (names and a	ddresses)	<u>. </u>		Check the box	to indicat	te an attachment 🗍	
B List ALL directors (names and addresses) Check the box to indicate an attachment □ Director Name Director Name							
Street Address			Street Address				
City	TState	Zip	City		State	Zip	
Sity	Jako	Lib.	City		State	ا ا	
Director Name	Director Name				1		
Street Address	Street Address						
City	State	Zip	City		State	Zip	
City	State		City		State	2.10	
9. Shares Authorized	•	10. Shares Issue	ed	Check the bo	x to indica	ite an attachment	
This information is currently of record in the NUMBER OF SHAR							
Department of State.		/101/			500		
Changes require an additional filing.		700	700				
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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 Date							
Hanne Charron 3/1/24						120	
Signature of Authorized Representative							
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Manke (hallo) 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



FORM 630- Revised: 12/2023