



State of Rhode Island

Department of State - Business Services Division

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.

FILED

MAR 04 2024

BY 115

1. Entity ID Number 134488		2. Exact name of the Corporation Sail Shadz, Inc.			
3. Principal Office Address 12 Valley Street		City Jamestown		State RI	Zip 02835
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island General construction.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Pike			Vice-President Name Christopher Pike		
Street Address 12 Valley Street			Street Address 12 Valley Street		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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 Christopher Pike			Director Name		
Street Address 12 Valley Street			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	None	
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 Pike					Date Feb 29 2024
Signature of Authorized Representative					

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: 11/2021