



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 06 2024 STAMP

BY

1. Entity ID Number 001754722		2. Exact name of the Corporation FENIX CEILING INC			
3. Principal Office Address 122 ELIZA ST		City PROVIDENCE		State RI	Zip 02909
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island PLACEMENTS OF CEILING TILES			
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 JOSEFINA A TEJADA			Vice-President Name JOSE VICTOR FERNANDEZ		
Street Address 122 ELIZA ST			Street Address 122 ELIZA ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name JOSEFINA A TEJADA			Treasurer Name JOSE VICTOR FERNANDEZ		
Street Address 122 ELIZA ST			Street Address 122 ELIZA ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
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		
			PAR VALUE		
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 JOSEFINA TEJADA				Date 02/27/2024	
Signature of Authorized Representative Josefina Tejada					

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