

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 19 2024

BY 30916

1. Entity ID Number <u>981387</u>		2. Exact name of the Corporation <u>PREFERRED TANK & TOWER MAINTENANCE division inc</u>			
3. Principal Office Address <u>2202 HWY 41 N UNIT E, BOX 123</u>			City <u>HENDERSON</u>	State <u>KY</u>	Zip <u>42420</u>
4. NAICS Code <u>238900</u>		6. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION</u>			
5. State of Incorporation <u>DE</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>KAREN L. FERGUSON-JOHNSTON</u>			Vice-President Name		
Street Address <u>6616 AVIAN DRIVE</u>			Street Address		
City <u>DALLAS</u>	State <u>TX</u>	Zip <u>75230</u>	City	State	Zip
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			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	PAY VALUE
Changes require an additional filing.		<u>1000</u>			<u>284750.00</u>
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 <u>Karen Ferguson Johnston, President</u>					Date <u>03/01/24</u>
Signature of Authorized Representative <u>KAREN FERGUSON JOHNSTON</u>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov