

**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.

APR 08 2024
1430 *o*

1. Entity ID Number 001707218		2. Exact name of the Corporation SHORELINE INC			
3. Principal Office Address 10 NATE WHIPPLE HWY - BLDG MICH			City CUMBERLAND		State RI
			Zip 02864		
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI		REMODELING			
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name NORBERT P SZUMLANSKI			Vice-President Name NORBERT P SZUMLANSKI		
Street Address 70 CHESTNUT STREET			Street Address 70 CHESTNUT STREET		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
Secretary Name NORBERT P SZUMLANSKI			Treasurer Name NORBERT P SZUMLANSKI		
Street Address 70 CHESTNUT STREET			Street Address 70 CHESTNUT STREET		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name NORBERT P SZUMLANSKI			Director Name		
Street Address 70 CHESTNUT STREET			Street Address		
City MANVILLE	State RI	Zip 02838	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					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		CNP	
		PAR VALUE		0	
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 <i>NPB Szumlanski</i>					Date
Signature of Authorized Representative NORBERT P SZUMLANSKI					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov