RI SOS Filing Number: 202454068050 Date: 4/30/2024 4:00:00 PM

APR 3 0 2024

State of Rhode Island					632 10		
Department of State - Business Services Division							
Annual Report for the year	: 2024						
Corporation Filing period: February	1 - May 1						
Filing Fee: \$50.00	r - Ividy 1						
→ Penalty: Additional \$25.0							
1. Entity ID Number		2. Exact name of the Corporation					
9433	reeny's	Teeny's Inc					
3. Principal Office Address			City	Enda!	State	Zip	
53 Railroad St			Waket	_	RI	02880	
4. NAICS Code	6. Brief descri	6. Brief description of the character of business conducted in Rhode Island					
238990	Selling an	Selling and servicing aluminum windows and doors					
5. State of Incorporation		, ~				!	
RI			· <u> </u>				
7. List ALL officers (names and	Check the box to indicate an attachment						
President Name Cheryl Sherman			Vice-President Name Andrew Higgins				
Street Address 203 Biscuit City Road			Stroct Address 203 Biscuit City Road				
City Kingstown	State RI	^{Zip} 02881	City King	gstown	State RI	Zip 02881	
Secretary Name Cheryl Sherman			Treasurer Name Cheryl Sherman				
Street Address 203 Biscuit City Road			Street Address 203 Biscuit City Road				
^{City} Kingstown	State RI	^{Zip} 02881	City Kin	gstown	State RI	^{Z/o} 02881	
8. List ALL directors (names and	d addresses)			Check the	box to indicate	an attachment 🔲	
Diroctor Name Cheryl Sherman			Director Name				
Street Address 203 Biscuit City Road			Street Address				
City Kingstown	State RI	^{Zip} 02881	City		State	Zip	
Director Name			Director Name				
Street Address			Stroot Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issi				an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	SHARES	CLASS/SERIES PAR VALUE			
		100		Common	no	no par value	
11. This report must be execute ceiver or trustee, this report mu					rporation is in th	ie hands of a re-	
Under penalty of perjury, I de	clare and affirm t	hat I have examine	d this repo	rt, including any acc	ompanying sc	hedules and	
statements, and that all state Name of Authorized Represent		herein are true an	d correct		Date		
Cheryl Sherman					x 4-2C-2Y		
Signature of Authorized Repres	entative						
1 Change Sham					•		