

APR 30 2024

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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.

1. Entity ID Number <b>9433</b>		2. Exact name of the Corporation <b>Teeny's Inc</b>			
3. Principal Office Address <b>53 Railroad St</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02880</b>	
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Selling and servicing aluminum windows and doors</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Cheryl Sherman</b>		Vice-President Name <b>Andrew Higgins</b>			
Street Address <b>203 Biscuit City Road</b>		Street Address <b>203 Biscuit City Road</b>			
City <b>Kingstown</b>	State <b>RI</b>	Zip <b>02881</b>	City <b>Kingstown</b>	State <b>RI</b>	Zip <b>02881</b>
Secretary Name <b>Cheryl Sherman</b>		Treasurer Name <b>Cheryl Sherman</b>			
Street Address <b>203 Biscuit City Road</b>		Street Address <b>203 Biscuit City Road</b>			
City <b>Kingstown</b>	State <b>RI</b>	Zip <b>02881</b>	City <b>Kingstown</b>	State <b>RI</b>	Zip <b>02881</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Cheryl Sherman</b>		Director Name			
Street Address <b>203 Biscuit City Road</b>		Street Address			
City <b>Kingstown</b>	State <b>RI</b>	Zip <b>02881</b>	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.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>	<b>Common</b>	<b>no par value</b>	
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.					
<i>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.</i>					
Name of Authorized Representative <b>Cheryl Sherman</b>				Date <b>X 4-26-24</b>	
Signature of Authorized Representative <i>X Cheryl Sherman</i>					