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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. Entry ID Number 000001086		2. Exact name of the Corporation ANNEX SHEET METAL & ROOFING CO., INC.			
3. Principal Office Address 169 NORTH VIEW AVENUE - suite 2			City CRANSTON	State RI	Zip 02920
4 NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island ROOFING AND SHEET METAL BUSINESS			
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 ROBERT A. STRAVATO, JR.			Vice-President Name ROBERT A. STRAVATO		
Street Address 169 NORTH VIEW AVENUE -SUITE 2			Street Address 169 NORTH VIEW AVENUE -SUITE 2		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name ROBERT A. STRAVATO, JR.			Treasurer Name ROBERT A. STRAVATO		
Street Address 169 NORTH VIEW AVENUE - SUITE 2			Street Address 169 NORTH VIEW AVENUE -SUITE 2		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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	
		200	CNP	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 ROBERT A STRAVATO, JR.					Date 4/03/2024
Signature of Authorized Representative 					

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

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BY 29119
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