

REC'D RIDGSD BSD
24 MAY 8 PM 12:00:06



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 001737044		2. Exact name of the Corporation Storm Asset Management, Inc.												
3. Principal Office Address 38B South Road			City North Hampton	State NH	Zip 03862									
4. NAICS Code 484121		5. Brief description of the character of business conducted in Rhode Island Interstate Trucking												
5. State of Incorporation NH														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Frank L. Roberts			Vice-President Name											
Street Address 237 Albany Street			Street Address											
City Springfield	State MA	Zip 01105	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 ☐														
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 ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">CNP</td> <td style="text-align: center;">0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	0			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	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 Frank L. Roberts				Date 4/16/24										
Signature of Authorized Representative 				FILED										
MAY 8 2024														

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

BY 7096
td