RI SOS Filing Number: 202454575350 Date: 5/8/2024 4:00:00 PM

'State of Rhode Island
Department of State - Business Services Division

FILED
MAY 0 8 2024
BY

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	2. Exact name of the Corporation		
001752551	RI Iron Works and Doors, Inc.		
3. Principal Office Address	City	State	Zip
380 Pippin Orchard Road	Cranston	RI	02921
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
	The manufacturing of iron works.		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michele Perretta			Vice-President Name: Michele Perretta		
Street Address: 380 Pippin Orchard Road			Street Address: 380 Pippin Orchard Road		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Secretary Name: Michele Perretta			Treasurer Name: Michele Perretta		
Street Address: 380 Pippin Orchard Road			Street Address: 380 Pippin Orchard Road		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0	Common	No Par Value

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	Date
Michele Perretta Michele Perretta	2/21/2024
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

FORM 630- Revised: 12/2023