



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2024

JUL 15 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.

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Entity ID Number 001763306	2. Exact name of the Corporation A K SEAMLESS CURTAINS & CONSTRUCTION, INC.		
Principal Office Address 14 FINNE ROAD	City JOHNSTON	State RI	Zip 02919
NAICS Code 361790	6. Brief description of the character of business conducted in Rhode Island REPAIR AND INSTALL SEAMLESS CURTAINS AND OTHER BUILDING REPAIRS		
State of Incorporation RI			

List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
President Name KERRI SANTILLI-CAMPBELL				Vice-President Name AARON CAMPBELL			
Street Address 14 FINNE ROAD				Street Address 14 FINNE ROAD			
City JOHNSTON	State RI	Zip 02919		City JOHNSTON	State RI	Zip 02919	
Secretary Name KERRI SANTILLI-CAMPBELL				Treasurer Name KERRI SANTILLI-CAMPBELL			
Street Address 14 FINNE ROAD				Street Address 14 FINNE ROAD			
City JOHNSTON	State RI	Zip 02919		City JOHNSTON	State RI	Zip 02919	

List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
Director Name KERRI SANTILLI-CAMPBELL				Director Name AARON CAMPBELL			
Street Address 14 FINNE ROAD				Street Address 14 FINNE ROAD			
City JOHNSTON	State RI	Zip 02919		City JOHNSTON	State RI	Zip 02919	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
	100	Common	NO PAR	
Changes require an additional filing.				

1. 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 Kerri Santilli-Campbell	Date 6.25.24
Signature of Authorized Representative Kerri Santilli-Campbell	

MAIL TO:

Division of Business Services

48 W. River Street, Providence, Rhode Island 02904-2615