

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

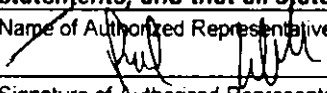
**Annual Report for the year:** 2024  
**Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 001726477		2. Exact name of the Corporation SUPERIOR EXTERIOR REMODELING, INC			
3. Principal Office Address 146 BAYBERRY ROAD			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 238100	6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI	CONSTRUCTION				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name PAWEL KALATA			Vice-President Name		
Street Address 146 BAYBERRY ROAD			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Secretary Name PAWEL KALATA			Treasurer Name PAWEL KALATA		
Street Address 146 BAYBERRY ROAD			Street Address 146 BAYBERRY ROAD		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name PAWEL KALATA			Director Name		
Street Address 146 BAYBERRY ROAD			Street Address		
City WOONSOCKET	State RI	Zip 02895	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.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		100		CNP	
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 			FILED		Date 11/16/2024
Signature of Authorized Representative PAWEL KALATA			NOV 21 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

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