



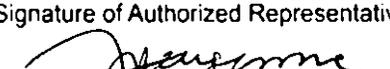
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD STAMP
FEB 11 2025
BY 10312

1. Entity ID Number 000019759		2. Exact name of the Corporation RHODE ISLAND HOME IMPROVEMENT, INC.			
3. Principal Office Address 1815 Post Road			City Warwick	State RI	Zip 02886
4. NAICS Code 238390		6. Brief description of the character of business conducted in Rhode Island Home improvement 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 John A. Aurgemma-Pres. Admin.			Vice-President Name Anthony J. Aurgemma-Pres.-Op.		
Street Address 1815 Post Road			Street Address 1815 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Phyllis A. Daudelin			Treasurer Name Anthony J. Aurgemma		
Street Address 1815 Post Road			Street Address 1815 Post Road		
City Warwick	State RI	Zip 01886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John A. Aurgemma			Director Name Anthony J. Aurgemma		
Street Address 1815 Post Road			Street Address 1815 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 10. Shares Issued <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
		100	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 John A. Aurgemma, President-Administration					Date 2/7/2025
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