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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 04 2025 AMP
BY 10025

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.

1. Entity ID Number	2. Exact name of the Corporation
122794	Frame Tech, Inc.

3. Principal Office Address	City	State	Zip
470 Old Baptist Road	North Kingstown	RI	02852

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236117	Construction
5. State of Incorporation	
Rhode Island	

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

President Name: Nicholas G. Vanasse			Vice-President Name:		
Street Address: 470 Old Baptist Road			Street Address:		
City: North Kingstown	State: RI	Zip: 02852	City:	State:	Zip:
Secretary Name: Nicholas G. Vanasse			Treasurer Name: Nicholas G. Vanasse		
Street Address: 470 Old Baptist Road			Street Address: 470 Old Baptist Road		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

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

Director Name: Nicholas G. Vanasse			Director Name:		
Street Address: 470 Old Baptist Road			Street Address:		
City: North Kingstown	State: RI	Zip: 02852	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No Par

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
Nicholas G. Vanasse	2.19.25

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