

## 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

FILED	
MAR 0 4 2025	
BY LOUAS	

→ Penalty: Additional \$25,00 fe								
Entity ID Number	2. Exact name of the Corporation							
122794	Frame Tech, Inc.							
3. Principal Office Address			City	iity			Zip	
470 Old Baptist Road			North I	Kingstown	RI		02852	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
236117	Construction							
5. State of Incorporation	1							
Rhode Island								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
	cholas G. Vanasse			Vice-President Name				
Street Address 470 Old Baptist	Road		Street Add	ress				
City North Kingstown	State RI	<sup>Zip</sup> 02852	City	City			Zip	
Secretary Name Nicholas G. Va	Nicholas G. Vanasse			Treasurer Name Nicholas G. Vanasse				
Street Address 470 Old Baptist Road			Street Address 470 Old Baptist Road					
<sup>City</sup> North Kingstown	State RI	<sup>Zip</sup> 02852		<sup>City</sup> North Kingstown		RI	<sup>Zip</sup> 02852	
<ol><li>List ALL directors (names and ad</li></ol>	dresses)			Check the	box to indi	cate an att	achment 🔲	
Director Name Nicholas G. Van		Director Name						
Street Address 470 Old Baptist	Old Baptist Road			Street Address				
City North Kingstown	State RI	<sup>Zip</sup> 02852	City		State		Zip	
Director Name		Director Na	Director Name					
Street Address		Street Address						
City	State	Zip	City	у			Zip	
9. Shares Authorized	<u>.                                    </u>	10. Shares Issu						
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERI				
Changes require an additional filing.		200		Common		No Par	No Par	
11. This report must be executed or					oration is	in the hand	ds of a re-	
ceiver or trustee, this report must be Under penalty of periury, I declar					mpanyini	z schedul	s and	
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:						<u></u>		

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov