

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.

FILED

MAR 21 2025

BY

1. Entity ID Number 0051387		2. Exact name of the Corporation PREFERRED TANK & TOWER MAINTENANCE Division Inc									
3. Principal Office Address 2202 HWY 41 N UNIT E, BOX 123			City HENDERSON		State KY						
Zip 42420											
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION									
5. State of Incorporation KY											
7. List ALL officers (names and addresses)					Check the box to indicate an attachment						
President Name KAREN L. FERGUSON-JOHNSTON			Vice-President Name								
Street Address 6616 AVIAN DRIVE			Street Address								
City DALLAS	State TX	Zip 75230	City	State	Zip						
Secretary Name			Treasurer Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
8. List ALL directors (names and addresses)					Check the box to indicate an attachment						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	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.		Check the box to indicate an attachment									
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000		
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1000											
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 <i>Karen Ferguson Johnston</i>					Date <i>03/12/25</i>						
Signature of Authorized Representative KAREN FERGUSON JOHNSTON											

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov