



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.

REC'D RI SOS BSD  
25 MAY 5 AM 8:57:05

1. Entity ID Number 001762343		2. Exact name of the Corporation Skyway Exteriors, inc			
3. Principal Office Address 15 Paddock Cir			City Middleboro	State MA	Zip 02346
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island home remodeling			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Segundo Caguana			Vice-President Name		
Street Address 15 Paddock Cir			Street Address		
City Middleboro	State MA	Zip 02346	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			0		
			\$10		
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 Segundo Caguana			FILED		Date 5-2-25
Signature of Authorized Representative Segundo Caguana			MAY 05 2025 12Jmw 859 19		

MAIL TO:

Division of Business Services

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SOS MADE EDITS PER FILER