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State of Rhode Island

Department of State - Business Services Division

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Annual	Report fo	or the year:
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Annual Report for the year: Corporation	2025				×8:5		
Filing period: February 1 -	May 1				7::6		
→ Filing Fee: \$50.00					8		
→ Penalty: Additional \$25.00	fee if form is not	filed by May	31.				
Entity ID Number	Exact name	of the Corpora	ation				
0017-69-343 3 Principal Office Address	Skywo	y Exte	eriors, inc		15.		
•	,	1	Citý	State	Zip		
	2ir		Middlebe	MA	02346		
4. NAICS Code			aracter of business conduc	ted in Rhode Island	•		
235160 5. State of Incorporation	home	remod	ehy				
MA	1						
7. List ALL officers (names and ad	dresses)			Check the box to indicate	ate an attachment 🗍		
President Name	<u> </u>		Vice-President Name		ote an ottachment 🖵		
Seaundo Ca	angna						
Street Address ,	9		Street Address				
15 paddock Cit		Ta .		In .	1-		
Middlero	State MA	0234	Crty	State	Zıp		
Secretary Name	1614	10234	Treasurer Name				
,							
Street Address			Street Address				
City	State	Zıp	City	State	Zıp		
8. List ALL directors (names and a	ddresses)		•	Check the box to indicate	ate an attachment 🔲		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name	-		Director Name				
Street Address			Street Address	Street Address			
City	State	Zıp	City	State	Zıp		
9. Shares Authorized	<u></u>	10. Shares	lssued	Check the box to indic	rate an attachment.		
This information is currently of reco	rd in the		FR OF SHARES	CLASS/SERIES	PAR VALUE		
Department of State.							
Changes require an additional filing	•		7		Ø18		
11. This report must be executed of	on behalf of the c	orporation by	an authorized representati	ve. If the corporation is in			
ceiver or trustee, this report must t	<u>be executed on b</u>	ehalf of the co	proporation by the receiver of	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 stateme Name of Authorized Representative		<u>ierein are true</u>		Date			
Seaundo Co	avana		FLED	5	-2-25		
Signature of Authorized Represent			MAY 0 5 202	25			
Agul Oc	2aur		インブル	1W			
MAIL TO: U	<u> </u>		BY	KA			
Division of Business Services 148 W. River Street, Providence, Rhod	a Icland (12084- ec s	was file	n (151				

148 W. River Street, Providence Rhode Laboratory PER FILER Phone: (401) 222-3040 1 DOS MADE EDITS PER FILER

Website: www.sos.ri.gov