



State of Rhode Island

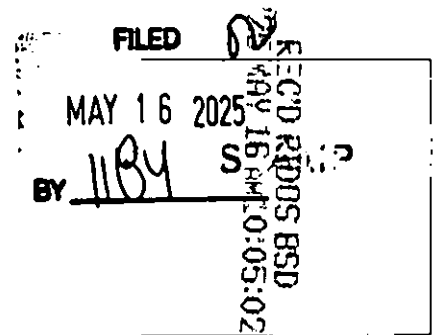
Department of State - Business Services Division

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.



1. Entity ID Number 000529843		2. Exact name of the Corporation J&S Building Exteriors, Inc.			
3. Principal Office Address 43 FOREST STREET		City ATTLEBORO		State MA	Zip 02703
4. NAICS Code 238160	6. Brief description of the character of business conducted in Rhode Island ROOFING/CONSTRUCTION BUSINESS				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN HARVEY			Vice-President Name JOSEPH SMITH		
Street Address 115 PIKE AVENUE			Street Address 123 PINE STREET		
City ATTLEBORO	State MA	Zip 02703	City SEEKONK	State MA	Zip 02771
Secretary Name JOSEPH SMITH			Treasurer Name STEVEN HARVEY		
Street Address 123 PINE STREET			Street Address 115 PIKE AVENUE		
City SEEKONK	State MA	Zip 02771	City ATTLEBORO	State MA	Zip 02703
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN HARVEY			Director Name JOSEPH SMITH		
Street Address 115 PIKE AVENUE			Street Address 123 PINE STREET		
City ATTLEBORO	State MA	Zip 02703	City SEEKONK	State MA	Zip 02771
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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		20,000		COMMON	
				NO PAR VALUE	
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 STEVEN HARVEY, PRESIDENT					Date 04/14/25
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