



State of Rhode Island

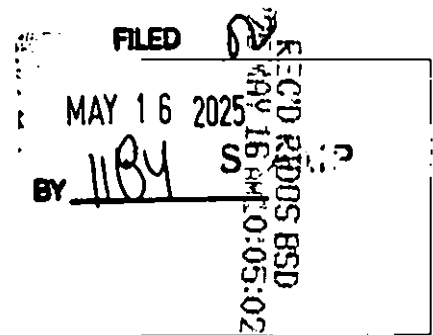
## Department of State - Business Services Division

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