



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 19 PM 1:28:41

1. Entity ID Number 001689441		2. Exact name of the Corporation Aegis Barrier Company Ltd.												
3. Principal Office Address 436 cranston st			City PROVIDENCE	State RI	Zip 02907									
4. NAICS Code 424690		6. Brief description of the character of business conducted in Rhode Island WHOLESALE OF RAW MATERIALS EXPORT TO OVERSEAS												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name MORTEN SORENSEN			Vice-President Name MORTEN SORENSEN											
Street Address 436 cranston st			Street Address 436 cranston st											
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907									
Secretary Name MORTEN SORENSEN			Treasurer Name VINCENT LEVROS											
Street Address 436 cranston st			Street Address 436 cranston st											
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name MORTEN SORENSEN			Director Name MORTEN SORENSEN											
Street Address 436 cranston st			Street Address 436 cranston st											
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907									
Director Name MORTEN SORENSEN			Director Name											
Street Address 436 cranston st			Street Address											
City PROVIDENCE	State RI	Zip 02907	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>CWP</td> <td>\$ 0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	CWP	\$ 0.0100			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1,000	CWP	\$ 0.0100												
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. <i>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.</i>														
Name of Authorized Representative VINCENT LEVROS					Date 4/29/2025									
Signature of Authorized Representative 														

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAY 19 2025  
BY FORM 630- Revised: 12/2023