



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 RHODES 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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		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