



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JUN 04 2025
BY APNUF

REC'D RIDOS BSD
25 JUN 4 PM 3:02:07

1. Entity ID Number 00076185		2. Exact name of the Corporation Affordable Siding Co. Inc.												
3. Principal Office Address 322 Point Ave		City Warwick	State RI	Zip 02889										
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Siding Install												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Robert Lescarbeau			Vice-President Name											
Street Address 322 Point Ave			Street Address											
City Warwick	State RI	Zip 02889	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000		0			
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1000		0												
Changes require an additional filing.														
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 Robert Lescarbeau				Date 6/4/25										
Signature R Lescarbeau														