



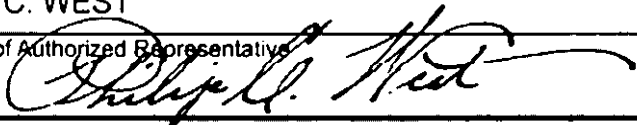
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

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 RIDOS BSD
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1. Entity ID Number 001738684		2. Exact name of the Corporation America's Preferred Structural Warranty, Inc.			
3. Principal Office Address 5775 Ann Arbor Road			City Jackson	State MI	Zip 49201
4. NAICS Code 524128		6. Brief description of the character of business conducted in Rhode Island Sale & Administration of Structural Home Warranties			
5. State of Incorporation MI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Randy W. Caltrider			Vice-President Name Philip C. West		
Street Address 5775 Ann Arbor Road			Street Address 5775 Ann Arbor Road		
City Jackson	State MI	Zip 49201	City Jackson	State MI	Zip 49201
Secretary Name Michael Sadler			Treasurer Name Randy W. Caltrider		
Street Address 5775 Ann Arbor Road			Street Address 5775 Ann Arbor Road		
City Jackson	State MI	Zip 49201	City Jackson	State MI	Zip 49201
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Philip C. West			Director Name Rodney K. Martin		
Street Address 5775 Ann Arbor Road			Street Address 5775 Ann Arbor Road		
City Jackson	State MI	Zip 49201	City Jackson	State MI	Zip 49201
Director Name Randy W. Caltrider			Director Name		
Street Address 5775 Ann Arbor Road			Street Address		
City Jackson	State MI	Zip 49201	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		9000		Common	0
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 PHILIP C. WEST				Date APRIL 15, 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

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FORM 630- Revised: 12/2023

BY LKS WVD36