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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.

1. Entity ID Number	2. Exact name of the Corporation
001738684	America's Preferred Structural Warranty, Inc.

3. Principal Office Address	City	State	Zip
5775 Ann Arbor Road	Jackson	MI	49201

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
524128	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	Vice-President Name
Randy W. Caltrider	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	Director Name
Philip C. West	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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	Date
PHILIP C. WEST	APRIL 15, 2025

Signature of Authorized Representative: Philip C. West

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 WVD3G