RI SOS Filing Number: 202577373280 Date: 8/4/2025 12:39:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025 Amend
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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BUS SVCS DIV
2025 AUG 04 P 12:39

1. Entity ID Number	2. Exact name of the Corporation			
000009021	A.A. Insulation + Siding			
3. Principal Office Address	50 King Street	**City** Johnston	**State** R.I.	**Zip** 02919
4. NAICS Code	238310	**6. Brief description of the character of business conducted in Rhode Island**	Commercial Rentals	
5. State of Incorporation	Rhode Island			

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Angelo Aiello		**Vice-President Name**		
Street Address	95 University Avenue		**Street Address**		
City	Providence	**State** R.I. **Zip** 02906	**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 ☐

Director Name	Angelo Aiello		**Director Name**	same	
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**
Director Name	same		**Director Name**	same	
Street Address			**Street Address**		
City	**State**	**Zip**	**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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	NO PAR Value	

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
Angelo Aiello	7-30-25

Signature of Authorized Representative

FILED

AUG 04 2025

BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

August 04, 2025 12:39 PM

Gregg M. Amore
Secretary of State