



**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 DEC 29 AM 10:03:57
 AMP
 2025-12-29 10:03:57

1. Entity ID Number 01749990		2. Exact name of the Corporation American Roll Shutter & Awning Company			
3. Principal Office Address 12700 Merriman Road			City Livonia	State MI	Zip 48150
4. NAICS Code 339900		6. Brief description of the character of business conducted in Rhode Island Sales and Installation of Retractable Awnings			
5. State of Incorporation Michigan					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Falahee			Vice-President Name NONE		
Street Address 14137 Swanee Beach Dr			Street Address		
City Fenton	State MI	Zip 48430	City	State	Zip
Secretary Name NONE			Treasurer Name Susan Falahee		
Street Address			Street Address 10815 Sparkling Waters Court		
City	State	Zip	City South Lyon	State MI	Zip 48178
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.		10. Shares Issued		CLASS/SERIES	
Changes require an additional filing.		NUMBER OF SHARES	PAR VALUE		
		0.00	10.00	CWP	
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 Michael Falahee				Date 12/12/2025	
Signature of Authorized Representative 				FILED <i>10:06 am</i>	

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

JAN 12 2026

BY LKS PFAK 2025