



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2023**

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
25 DEC 29 AM 10:04:09

STAMP

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	
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		0.00	CWP 10.00
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 12/12/25
Signature of Authorized Representative 			

JAN 12 2026 10:04am

BYLKS P12AKA

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