



Annual Report for the year: 2022
Corporation _____

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- 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 43330 | | 2. Exact name of the Corporation AIR METALWORKS, LTD. | | | |
| 3. Principal Office Address 180 Shannock Village Road | | | City Shannock | State RI | Zip 02875 |
| 4. NAICS Code 238990 | | 6. Brief description of the character of business conducted in Rhode Island Sheet metal contractors | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Frank S. Angell | | | Vice-President Name Robert M. Ciminero | | |
| Street Address 180 Shannock Village Road | | | Street Address 180 Shannock Village Road | | |
| City Shannock | State RI | Zip 02875 | City Shannock | State RI | Zip 02875 |
| Secretary Name Robert M. Ciminero | | | Treasurer Name Frank S. Angell | | |
| Street Address 180 Shannock Village Road | | | Street Address 180 Shannock Village Road | | |
| City Shannock | State RI | Zip 02875 | City Shannock | State RI | Zip 02875 |
| 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 | |
| | | 1000 | | Common | |
| | | | | 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 Frank S. Angell | | | | Date 3-7 , 2022 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
Division of Business Services
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