



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 000028962

2. Name of Corporation Skyscrapers Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813319

4. Principal Office Address

No. and Street: 86 SPRING ROAD
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

EDUCATIONAL

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	LINDA BERGEMANN	41 ROSS HILL ROAD CHARLESTOWN, RI 02813 USA
VICE PRESIDENT	ROBERT HORTON	109 KILLINGLY ROAD FOSTER, RI 02825 USA
DIRECTOR	ANGELLA JOHNSON	118 SHELTON STREET PROVIDENCE, RI 02906 USA
SECRETARY	MARIA BROWN	290 WINN ROAD LYDENBOROUGH, NH 03082 USA
TREASURER	KATHLEEN SIOK	86 SPRING ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	STEVE BROWN	290 WINN ROAD LYNDEBOROUGH, NH 03082 USA
DIRECTOR	MICHAEL CORVESE	936 MIDDLE ROAD PORTSMOUTH, RI 02871 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LINDA BERGEMANN 47 PEEPTOAD ROAD NORTH SCITUATE , RI 02857

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of March, 2023 at 4:18:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KATHLEEN SIOK
Signature of Authorized Person

Form No. 631
Revised 09/07

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