

STATE



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2023  
Corporation

APR 06 2023

BY 10292

- 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 <b>43330</b>		2. Exact name of the Corporation <b>AIR METALWORKS, LTD.</b>			
3. Principal Office Address <b>180 Shannock Village Road</b>			City <b>Shannock</b>	State <b>RI</b>	Zip <b>02875</b>
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sheet metal contractors</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Frank S. Angell</b>			Vice-President Name <b>Donna Marie Angell</b>		
Street Address <b>180 Shannock Village Road</b>			Street Address <b>180 Shannock Village Road</b>		
City <b>Shannock</b>	State <b>RI</b>	Zip <b>02875</b>	City <b>Shannock</b>	State <b>RI</b>	Zip <b>02875</b>
Secretary Name <b>Donna Marie Angell</b>			Treasurer Name <b>Frank S. Angell</b>		
Street Address <b>180 Shannock Village Road</b>			Street Address <b>180 Shannock Village Road</b>		
City <b>Shannock</b>	State <b>RI</b>	Zip <b>02875</b>	City <b>Shannock</b>	State <b>RI</b>	Zip <b>02875</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1000</b>		<b>Common</b>	<b>No Par Value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Frank S. Angell</b>				Date <b>4/5</b> , 2023	
Signature of Authorized Representative 					

MAIL TO:  
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