



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 135879		2. Name of Corporation 21ST CENTURY ROOFING SYSTEMS, INC			
3. Street Address Principal Business Office 55 LEONARD STREET (P.O. BOX 659)			City FOXBORO	State MA	Zip 02035
4. Business Phone No. (508) 543-0706		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island ROOFING, RELATED CARPENTRY, PAINTING AND FUNCTIONS RELATED TO ROOFING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK A GIBSON			Vice President Name		
Street Address 7 JENNIFER LANE			Street Address		
City LAKEVILLE	State MA	Zip 02347	City	State	Zip
Secretary Name MARK A GIBSON			Treasurer Name MARK A GIBSON		
Street Address 7 JENNIFER LANE			Street Address 7 JENNIFER LANE		
City LAKEVILLE	State MA	Zip 02347	City LAKEVILLE	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARK A GIBSON			Director Name JUDITH GIBSON		
Street Address 7 JENNIFER LANE			Street Address 7 JENNIFER LANE		
City LAKEVILLE	State MA	Zip 02347	City LAKEVILLE	State MA	Zip 02347
Director Name JOHN HUBBARD			Director Name NONE		
Street Address 30 EDWARD LANE			Street Address		
City GRAFTON	State MA	Zip 01536	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15000	COMMON	NO PAR VALUE	98	COMMON	NO PAR VALUE

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.

Signature: Mark A. Gibson Date: 1/23/2008

MARK A. GIBSON

Print or Type Name

PRESIDENT

Title

FILED
File Date: JAN 24 2008
Check No. 181897
By: [Signature]
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