



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

A. Ralph Molits, 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. 139357		2. Name of Corporation WAYNE LIPKA ROOFING, INC.		
3. Street Address Principal Business Office 4177 Post Road, Apt. 2		City East Greenwich	State RI	Zip 02818
4. Business Phone No. 742-9419		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE AS A GENERAL CONTRACTOR				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Wayne R. Lipka		Vice President Name Wayne R. Lipka		
Street Address 4177 Post Road, Apt. 2 254 Arnolds Neck Dr.		Street Address 4177 Post Road, Apt. 2 254 Arnolds Neck Dr.		
City East Greenwich Warwick	State RI	Zip 02818 02886	City East Greenwich Warwick	State RI
Secretary Name Wayne R. Lipka		Treasurer Name Wayne R. Lipka		
Street Address 4177 Post Road, Apt. 2 254 Arnolds Neck Dr.		Street Address 4177 Post Road, Apt. 2 254 Arnolds Neck Dr.		
City East Greenwich Warwick	State RI	Zip 02818 02886	City East Greenwich Warwick	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Wayne R. Lipka		Director Name		
Street Address 4177 Post Road, Apt. 2 254 Arnolds Neck Dr.		Street Address		
City East Greenwich Warwick	State RI	Zip 02818 02886	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
1,000	\$1.00 PAR VALUE		1,000	\$1.00 PAR VALUE
		THIS SECTION MUST BE COMPLETED		

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.

FILED
File Date MAY 20 2008
Check No. 14624 1807
By FOR SECRETARY OF STATE USE ONLY

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 Wayne Lipka Date 12-12-07

Wayne R. Lipka

Print or Type Name

President

Title