



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 2009

**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.<br>56021   |             | 2. Name of Corporation<br>McGARRAHAN ROOFING COMPANY |   |                        |                   |
| 3. Street Address Principal Business Office<br>151 LONSDALE AVENUE   |             | City<br>PAWTUCKET                                    | State<br>RI   | Zip<br>02860           |                   |
| 4. Business Phone No.<br>(401) 722-1111  |             | 5. State of Incorporation<br>RI                      |   |                        |                   |
| 6. Brief Description of the Character of Business Conducted in Rhode Island  |             |  |   |                        |                   |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |  |   |                        |                   |
| President Name<br>HAROLD P. CIMINI   |             |  | Vice President Name<br>MARY C. CIMINI                               |                        |                   |
| Street Address<br>171 GREAT ROAD   |             |  | Street Address<br>171 GREAT ROAD                                    |                        |                   |
| City<br>N. SMITHFIELD  | State<br>RI | Zip<br>02896   | City<br>N. SMITHFIELD   | State<br>RI            | Zip<br>02896      |
| Secretary Name<br>MARY C. CIMINI   |             |  | Treasurer Name<br>HAROLD P. CIMINI                                  |                        |                   |
| Street Address<br>SAME   |             |  | Street Address<br>SAME  |                        |                   |
| City   | State       | Zip  | City  | State                  | Zip               |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |  |   |                        |                   |
| Director Name<br>N/A   |             |  | Director Name<br>N/A  |                        |                   |
| Street Address   |             |  | Street Address  |                        |                   |
| City   | State       | Zip  | City  | State                  | Zip               |
| Director Name<br>N/A   |             |  | Director Name   |                        |                   |
| Street Address   |             |  | Street Address  |                        |                   |
| City   | State       | Zip  | City  | State                  | Zip               |
| 9. SHARES AUTHORIZED<br>2,000 COMM NO PAR VALUE  |             |  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                   |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |             |  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                        |                   |
|  |             |  | Number of Shares<br>100   | Class/Series<br>COMMON | Par Value<br>NONE |
|  |             |  |   |                        |                   |

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.

|                                 |         |
|---------------------------------|---------|
| File Date                       | 1-15-09 |
| Check No.                       | 11436   |
| By:                             | MRC     |
| 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 Date 1/13/09  
HAROLD P. CIMINI  
Print or Type Name  
PRESIDENT  
Title