

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. 7-1.2-150).

subject to a penalty fee of \$25.00.			mat report within thirty () units after	me nace preserved by mar (10.)		
1. Corporate ID No. 16480	2. Name of Corporation R.I. Roof Truss Co.					
3 Street Address Principal Dustness Office 45 RIVER AVENUE			JOHNSTON	State RI	<i>Zip</i> 02919	
		5. State of Incorporation Rhode Island	tion			
6. Brief Description of the Character of Manufacturing of Wooden F			, APA -			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATT	ACHMENTS	
President Name		Vice President Name	,			
Vincent G. Mitola, Jr.			Joanne D. Mitola			
Street Address 572 Central Avenue			Street Address 618 Central Avenue			
City Johnston	State · RI	^{Zip} 02919	Johnston	State RI	^{Ζψ} 02919	
Secretary Name Joanne D. Mitola			Treasurer Name Vincent G. Mitola, Jr.			
Street Address 572 Central Avenue			Street Address 572 Central Avenue			
City Johnston	State RI	^{Zip} 02919	Gity Johnston	State RI	<i>Ζip</i> 02919	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	I CES BEFORE USING AT	TACHMENTS	
Director Name			Director Name			
Dorothy M. Mitola			Vincent G. Mitola, Jr.			
Street Address			Street Address			
618 Central Avenue			572 Central Avenue			
City	State	Zip	City	State	Zip (cd)	
Johnston] RI	02919	Johnston	RI	029 19	
Director Name Joanne D. Mitola		Director Name				
Street Address						
618 Central Avenue			Street Address			
City:	State	Zip	City	State	Zip U	
Johnston	RI	02919				
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Valne	
			300	Common	None	
This report must be executed	on behalf of the corn	aration by an authoriza	d representative. If the corpora	tion is in the heade of		
this report must be executed of	on behalf of the corpo	oration by the receiver o	or trustee	ition is in the nands of a	a receiver or trustee,	
•	· ····					
				I declare and affirm that I ring schedules and stateme	-	
	1 - 0		contained herein are true	and correct.	ins, and mat an statement	
File Date	4-09		Ventant &		1/27/09	
			Signature	muja g	Date	
Check No.	24		24.			
Vincent G. Mitola, Jr.						
By:	inc		Print or Type Name			
FOR SECRETARY OF STA	TE USE ONLY		President			