

By.

FOR SECRETARY OF STATE USE ONLY

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

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PROFIT OF THE PROFIT O 2009

YPED OR PRINTED LEGIBLY IN BLACK INK.

1. Corporate ID No. 154595		2. Name of Corporation J-Ron Roofing, Inc.				
3. Street Address Principal Business Office 49 Smallpox Trail			City Richmond	State Rhode Island	^{Ζφ} 02892	
i. Business Phone No. 401-741-4107 5. State of Incorporation Rhode Island						
TO PROVIDE RESID	aracter of Business Conducted in I ENTIAL AND COMMERC	IAL ROOFING SERVIC				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Jason P. Lague Street Address 49 Smallpox Trail			Vice President Name Ronald E. Wall, Jr. Street Address 74 Hilltop Drive			
						Cin Richmond
Secretary Name Ronald E. Wall, Jr.			Treasurer Name Jason P. Lague			
Street Address 74 Hilltop Drive			Street Address 49 Smallpox Trail			
Charlestown	State Rhode Island	^{Zip} 02813	City Richmond	State Rhode Island	7.tp 02892	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address			Street Address			
City	State	Ζψ	City	State	Zip	
Director Name	J		Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORI	ZED - Property - Prope			 <i>("X" BOX FOR ATTACHM</i> CTION <u>MUST</u> BE COMPLETED	(ENT) []	
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 Value	
			100 Shares	Common Stock	\$0.01	
			1			
This report must be ex	xecuted on behalf of the co ecuted on behalf of the cor	rporation by an authoriz poration by the receiver	ed representative. If the or trustee.	corporation is in the hands o	f a receiver or trust	
		7	including any acc	perjury, I declare and affirm tha ompanying schedules and states are true and correct.	t I have examined this ments, and that all stat	
	3v Hr-19			0 7.	2-28-0	
File Date	1-1-01		Signature	- pr	Date	

Jason P. Lague Print or Type Name

President

Title