

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

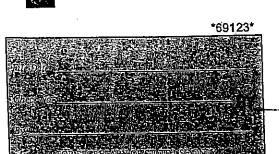
Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

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	CORPOR			MANAGE	$\mathbf{r} \wedge \mathbf{n}$		3717 A D	
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PREINT	LIERPLIK	AIIII	AININUAL	MILL OWI				

2010

Filing Period: January 1 - Mo In accordance with R.I.G.L. 7-1	.2-1501(e), each coi	poration juiling of rejusing	RT MUST BE TYPED to file its annual report wi	OR PRINTED LEGIB thin thirty (30) days after	LY IN BLACK INK the time prescribed by			
aw (R.I.G.L. 7-1.2-1501(c&d)) is I. Corporate ID No.	2. Name of Corporati	/ Jee of \$25.00.						
69123	R & D ROOFING, INC.							
3. Street Address Principal Business C			City	State	^{Ζ‡} φ 02940			
P.O Box 9189			Providence	RI	02340			
4. Business Phone No.		5. State of Incorporation						
401-351-7444 RHODE ISLAN								
6. Brief Description of the Character GENERAL CARPENTRY	LINCLUDING BUT	NOT LIMITED TO INSTALLA	ATION AND/OR REPAIRIN	G OF ALL TYPES OF RO	ofs, siding,			
TENEWINDOWS ADDRESSES	OR THE OFFICE	RS-M (45X) BOXOEOR(ATLA)	<i>HMENTO</i> : □ GENERAS S	ACES IGENOUS DOING	ATTACEMENTS TO SELECT			
President Name			Vice President Name					
Roger P. Pratas	•		Roger P. Pratas					
Street Address			Street Address					
P.O. Box 9189			P.O. Box 9189					
	State	Zψ	Citv	State	Zip			
City Providence	RI	02940	Providence	RI	02940			
			Treasurer Name					
Secretary Name			Roger P. Pratas					
Roger P. Pratas			Street Addrace					
Street Address	L		P.O. Box_9189					
P.O. Box 9189	_t		City	State	Zip			
City	State	Zip	Providence	RI	02940			
Providence	RI	02940 TORS A <i>(EXCEDIT FOR AT</i>		espaces becore usin	GATTEACHMENUS 22 RE			
8 NAMES AND ADDRESSE Director Name N/A	SOFTHEDIREG	OKS EXTRONIONAL	Director Name					
			Street Address					
Street Address					22			
City	State	Zip	City	State	Zip			
Director Name			Director Name		-			
			Street Address					
Street Address			Sireet Address		** **			
City	State	Ζip	City	State	Σip ====================================			
9-SHARES AUTHORIZED	TCTXE-ROX-FOR	THAGHMEND)		TON LION HOR MORE				
AUTHORIZED SHARES			ISSUED SHARES — THIS S	ECTION MUST BE COMPLETE				
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
Number of Shares 1,000 NO PAR VALUE	common	no par value	-100-	common	no par value			
			THE CE	CTION MUST BE	J. C. J. Lucia			

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

JUL 19 2010

122842

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein era true and correct.

contained herein are true and correct.

Roqer P. Pratas

Print or Type Name President

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Title