

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 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • • THIS REPORT MUST BE TYPED OR PR

* In accordance with R.I.G.L. 7-1.2- subject to a penalty fee of \$25.00.	1501(e), each corporation	failing or refusing to file its an	nual report within thirty (30) days	after the time prescribed by L	aw (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate 1D No. 120409	2. Name of Corporation Jd S Roof		Han Ca Inc		
3. Street Address Principal Business Office 3 BCacon 5t.			City Middletow	State 1	07.847
4 Business Phone No.		ISLAUD	<u>" /C./_</u>	1 ()2092	
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Jaine M SantoSJr.			Vice President Name // Un we the Montage		
Street Address 31 Beacon St.			Street Address		
Middletown State AI Zip 02842 Secretary Name			Portsmouth	State 1	0287)
Keurn Anderson			Lan Andrade		
36 Simmons St.			Street Address 59 Lee Wav		
New Port 8. NAMES AND ADDRESSES	State N.T. OF THE DIRECTOR	Zip 07840 IS: ("X" BOX FOR ATT	Typerton	State A Z	^{2.ip} 02878
Director Name			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip
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			Number of Shares	Class/Series	Par Value
instruction sheet.			8000		NPV
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.					
Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statements					
File Date					
Check No. By MMC Jaine M. Santos IC.					
FOR SECRETARY OF STATE USE ONLY Print or Type Name re Sident					
Title Form 630 Rev. 08/08					