



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 543377		2. Exact name of the Corporation BLUE SKY ROOFING INC.			
3. Principal office address 6014 W. DIVERSEY			City CHICAGO	State IL	Zip 60639
4. Business Phone No. 773-237-7730			5. State of Incorporation ILLINOIS		
6. Brief description of the character of business conducted in Rhode Island ROOFING COMPANY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MARIOLA LOPUSKI			Vice-President Name MARIOLA LOPUSKI		
Street Address 4012 N. ODELL			Street Address 4012 N. ODELL		
City NORRIDGE	State IL	Zip 60706	City NORRIDGE	State IL	Zip 60706
Secretary Name MARIOLA LOPUSKI			Treasurer Name MARIOLA LOPUSKI		
Street Address 4012 N. ODELL			Street Address 4012 N. ODELL		
City NORRIDGE	State IL	Zip 60706	City NORRIDGE	State IL	Zip 60706
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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.					

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

File Date _____

Check No FEB 07 2012

BY: 6437

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.

Mariola Lopuski 2/3/12
 Signature of Authorized Representative Date

MARIOLA LOPUSKI
 Print or Type Name of Authorized Representative