



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2012

**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. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 16480		2. Name of Corporation R.I. Roof Truss Co.			
3. Street Address Principal Business Office 45 River Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 942-7658		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Manufacturing of Wooden Floors and Roof Trusses					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vincent G. Mitola, Jr.			Vice President Name Joanne D. Mitola		
Street Address 21 Country View Lane			Street Address 618 Central Avenue		
City North Scituate	State RI	Zip 02857	City Johnston	State RI	Zip 02919
Secretary Name Joanne D. Mitola			Treasurer Name Vincent G. Mitola, Jr.		
Street Address 618 Central Avenue			Street Address 21 Country View Lane		
City Johnston	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dorothy M. Mitola			Director Name Vincent G. Mitola, Jr.		
Street Address 618 Central Avenue			Street Address 21 Country View Lane		
City Johnston	State RI	Zip 02919	City North Scituate	State RI	Zip 02857
Director Name Joanne D. Mitola			Director Name		
Street Address 618 Central Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 300		Class/Series COMMON		Par Value NONE	
THIS SECTION MUST BE COMPLETED					

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.

File Date	BY <u>164957</u>
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

FILED

FEB 29 2012

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.

Vincent G Mitola Jr 2-2-2012  
Signature Date

Vincent G. Mitola, Jr.

Print or Type Name

President

Title