



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 2010

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. 150014		2. Exact name of the Corporation STANLEY ROOFING COMPANY, INC.			
3. Principal office address 42 MITCHELL ROAD			City IPSWICH	State MASS.	Zip 01930
4. Business Phone No. 978-356-7958			5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island ROOFING AND FLASHING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PAUL R. STANLEY			Vice-President Name JASON PAUL STANLEY		
Street Address 37 MAGNOLIA AVENUE			Street Address 28 ENGLEWOOD ROAD		
City GLOUCESTER	State MASS.	Zip 01930	City GLOUCESTER	State MASS.	Zip 01930
Secretary Name CATHERINE A. STANLEY			Treasurer Name PAUL R. STANLEY		
Street Address 37 MAGNOLIA AVENUE			Street Address 37 MAGNOLIA AVENUE		
City GLOUCESTER	State MASS.	Zip 01930	City GLOUCESTER	State MASS.	Zip 01930
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JASON PAUL STANLEY			Director Name		
Street Address 28 ENGLEWOOD ROAD			Street Address		
City GLOUCESTER	State MASS.	Zip 01930	City	State	Zip
Director Name			Director Name		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			12,500	CNP	NO PAR VALUE

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 CORPORATIONS DIV
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 01930

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

APR 09 2012

By: *[Signature]*
[Signature]

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.

[Signature] 03/20/2012
 Signature of Authorized Representative Date

CATHERINE A. STANLEY
 Print or Type Name of Authorized Representative