



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* 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. 86835		2. Name of Corporation JMK ROOFING, INC.	
3. Street Address Principal Business Office 1216 HIGH STREET		City CUMBERLAND	State RI
		Zip 02864	
4. Business Phone No. 4013345036		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, ROOFING APPLICATIONS.			

NAME AND ADDRESSES OF THE OFFICERS (SEE INSTRUCTIONS) AND SPACES BEFORE USING ATTACHMENTS

President Name JOHN CONVERSE			Vice President Name KYLE J. CONVERSE		
Street Address 1216 HIGH STREET			Street Address 400 NEW RIVER ROAD #506		
City CUMBERLAND	State RI	Zip 02864	City MANVILLE	State RI	Zip 02838
Secretary Name KYLE J. CONVERSE			Treasurer Name JOHN CONVERSE		
Street Address 400 NEW RIVER ROAD #506			Street Address 1216 HIGH STREET		
City MANVILLE	State RI	Zip 02838	City CUMBERLAND	State RI	Zip 02864
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 SECRETARY OF STATE
 CORPORATIONS DIV

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400	COMM	\$1.00 PAR VALUE	400	COMMON	\$400.00

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

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File Date: _____ BY: 218482

Check No. 1495

By: _____

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FEB 27 2016
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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.

John M Converse
Signature of Officer Date

JOHN CONVERSE
Print or Type Name of Officer

PRESIDENT
Title of Officer