



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 2014

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. 796373		2. Exact name of the Corporation Skyline Contracting & Roofing Corporation			
3. Principal office address 436 Whittenton Street		City Taunton	State MA	Zip 02780	
4. Business Phone No. 508-823-9956		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Construction and roofing.					
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Lester Hooben			Vice-President Name Lester Hooben		
Street Address 579 Berkley Street			Street Address 579 Berkley Street		
City Berkley	State MA	Zip 02779	City Berkley	State MA	Zip 02779
Secretary Name Lester Hooben			Treasurer Name Lester Hooben		
Street Address 579 Berkley Street			Street Address 579 Berkley Street		
City Berkley	State MA	Zip 02779	City Berkley	State MA	Zip 02779
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Lester Hooben			Director Name		
Street Address 579 Berkley Street			Street Address		
City Berkley	State MA	Zip 02779	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) ☐		
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
			2,000	Common no par	0.00

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.

File Date _____

Check No _____

By: _____

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.

Signature of Authorized Representative _____ Date _____

FILED

MAR 11 2014

Lester Hooben President
Print or Type Name of Authorized Representative

By 219638 12:47 PM
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