



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. 82252		2. Exact name of the Corporation ROOF WORKS, INC.			
3. Principal office address 123 Dyer Street, suite 3B			City Providence	State RI	Zip 02903
4. Business Phone No.			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island construction, installation, repair of industrial, commercial and residential roofs and all other legal activities incidental thereto					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name STEVEN ELLIOTT			Vice-President Name		
Street Address 290 Smtih Street			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name JOHN D. BIAFORE			Treasurer Name STEVEN ELLIOTT		
Street Address 123 Dyer Street, Suite 3B			Street Address 290 Smith Street		
City Providence	State RI	Zip 02903	City North Kingstown	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name STEVEN ELLIOTT			Director Name		
Street Address 290 Smith Street			Street Address		
City North Kingstown	State RI	Zip 02852	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
			100	Common	No par value

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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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.

Steven Elliott
Signature of Authorized Representative Date **2/10/14**

STEVEN ELLIOTT, President

Print or Type Name of Authorized Representative

File Date

Check No

By

BY

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