



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 **2015**

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. 54786		2. Exact name of the Corporation New England Roofing and Home Improvements Inc.			
3. Principal office address 6 Gold Mine Road		City Glocester	State RI	Zip 02814	
4. Business Phone No. 401-568-0541		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Roofing & Exterior Improvements					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William F Cahill		Vice-President Name William F Cahill IV			
Street Address 6 Gold Mine Road		Street Address 6 Gold Mine Road			
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
Secretary Name William F Cahill		Treasurer Name William F Cahill			
Street Address 6 Gold Mine Road		Street Address 6 Gold Mine Road			
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name William F Cahill		Director Name			
Street Address 6 Gold Mine Road		Street Address			
City Glocester	State RI	Zip 02814	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	
		200	stk	100.00	

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.

FILED

Signature of Authorized Representative

Date

William F Cahill

Print or Type Name of Authorized Representative

MAR 09 2015

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