



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

Corporations Division  
148 W. River  
Providence, RI 02904-261  
401.222.304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2015

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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. <b>69123</b>		2. Name of Corporation <b>R &amp; D ROOFING, INC.</b>		
3. Street Address Principal Business Office <b>P.O. Box 9189</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>
4. Business Phone No. <b>401-351-7444</b>		5. State of Incorporation <b>RHODE ISLAND</b>		

6. Brief Description of the Character of Business Conducted in Rhode Island  
**GENERAL CARPENTRY, INCLUDING BUT NOT LIMITED TO INSTALLATION AND/OR REPAIRING OF ALL TYPES OF ROOFS, SIDING, WINDOWS**

President Name <b>Roger P. Pratas</b>			Vice President Name <b>Roger P. Pratas</b>		
Street Address <b>P.O. Box 9189</b>			Street Address <b>P.O. Box 9189</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>

Secretary Name <b>Roger P. Pratas</b>			Treasurer Name <b>Roger P. Pratas</b>		
Street Address <b>P.O. Box 9189</b>			Street Address <b>P.O. Box 9189</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>

Director Name <b>N/A</b>			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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2015 JUL 8 PM 12:51

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000	NO PAR VALUE	common	no par value	-100-	common	no par value
<b>THIS SECTION MUST BE COMPLETED</b>						

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.



\*69123\*

**FILED**

JUL 08 2015

252423

VIM

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]* 7-8-15  
Signature Date

Roger P. Pratas

Print or Type Name.  
President