



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 75286		2. Name of Corporation DENNIS ROBINSON ROOFING, INC.			
3. Street Address Principal Business Office 15 EBEN BROWN LANE			City Central Falls	State RI	Zip 02863
4. Business Phone No. 401-722-5729		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To Act as a General Contractor for the Construction, Repairing and Remodeling of Buildings & Public Works.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DENNIS E. ROBINSON			Vice President Name DENNIS E. ROBINSON		
Street Address 15 EBEN BROWN LANE			Street Address 15 EBEN BROWN LANE		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name DENNIS E. ROBINSON			Treasurer Name DENNIS E. ROBINSON		
Street Address 15 EBEN BROWN LANE			Street Address 15 EBEN BROWN LANE		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DENNIS E. ROBINSON			Director Name None		
Street Address 15 EBEN BROWN LANE			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Director Name None			Director Name None		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/series Common	Par Value No Par

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

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

JAN 13 2016
BY K L 11244

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 Dennis E. Robinson Date 1-15-16
DENNIS E. ROBINSON
Print or Type Name
PRESIDENT
Title