

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 2016 Filing Period: January 1 - March 1 · This report must be typed or printed legibly

1. Entity ID No. 1100007	2. Exact name of the Corporation Midland Roofing Co., Inc.				
3. Principal office address 183 Pine Glen Drive			City East Greenwich	State RI	Zip 02818
4. Business Phone No. (401) 886-4642			5. State of Incorporation Rhode Island		
 Brief description of the characteristics Roofing 	aracter of busines	s conducted in Rhode Islan	d		·
LIST ALL OFFICERS (N	MES AND ADDI	RESSES) ("X" BOX FOR A			
President Name Dennis Wyatt			Vice-President Name Susan C. Wyatt		
Street Address 183 Pine Glen Drive			Street Address 183 Pine Glen Drive		
City East Greenwich	State RI	Zip 02818	City State RI		Zip 02818
Secretary Name Susan C. Wyatt			Treasurer Name Dennis Wyatt		
Street Address 183 Pine Glen Drive			Street Address 183 Pine Gien Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
LIST ALL DIRECTORS (A	AMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		A STATE OF THE STA
Director Name Dennis Wyatt			Director Name Dennis Wyatt		
Street Address 183 Pine Glen Drive			Street Address 183 Pine Glen Drive		
city East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name	•		Director Name		,
Street Address	· · · · · ·	10	Street Address		
City	State	Zip	City	State	Zip
. SHARES AUTHORIZED	(A)		10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)
bin indones - No. 1			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
his information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			1,000	Common	No Par
This report must be executed	f on behalf of the this report mu	corporation by an authorize st be executed on behalf of	ed representative. If the city the corporation by the re	 orporation is in the hands occiver or trustee	of a receiver or trustee,
File Date	Annual Control of the		Under penalty of pe this report, includin	rjury, I declare and affirm g any accompanying sc	hedules and statemen
Check No		FILED	and that all stateme	nts contained herein are	e true and correct.
By:	**************************************	' ILLU	Signature of Authorized Representative Da		
FOR SECRETARY OF STA	TE USE ONLY	JAN ^{2 5} 2016	Dennis Wyatt		54.0
The state of the s					
Form No. 630			Print or Type Name of Authorized Representative		

Revised: 01/2012

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