



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.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 65288		2. Exact name of the Corporation L & L Roofing Company, Inc.			
3. Principal office address 1527 Main St - Rear			City West Warwick	State RI	Zip 02893
4. Business Phone No.			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Roofing Contractor					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James Lawton			Vice-President Name James Lawton		
Street Address 1527 Main St			Street Address 1527 Main St		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name James Lawton			Treasurer Name James Lawton		
Street Address 1527 Main St			Street Address 1527 Main St		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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
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	
		1000	CNP	0	

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JAN 28 2016

By: 26063604

A.A. 9:50 A.M.

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 of Authorized Representative _____ Date **01/28/2016**

James Crosby

Print or Type Name of Authorized Representative