



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2017**

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>1156</b>		2. Exact name of the Corporation <b>Apollo Roofing &amp; Sheet Metal, Inc.</b>		
3. Principal Office Address <b>316 Lockwood Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>31-33 - Manufacturing</b>	6. Brief description of the character of business conducted in Rhode Island <b>Dealing in and with roofing and sheet metal materials</b>			
5. State of Incorporation <b>Rhode Island</b>				
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>L. Keith Deal</b>		Vice-President Name <b>L. Keith Deal</b>		
Street Address <b>316 Lockwood Street</b>		Street Address <b>316 Lockwood Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>
Secretary Name <b>L. Keith Deal</b>		Treasurer Name <b>L. Keith Deal</b>		
Street Address <b>316 Lockwood Street</b>		Street Address <b>316 Lockwood Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>None</b>		Director Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <b>None</b>		Director Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
		NUMBER OF SHARES CLASS/SERIES PAR VALUE		
		<b>48</b>	<b>Common</b>	<b>No Par</b>
11. 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. <b>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.</b>				
Name of Authorized Representative <b>L. Keith Deal</b>			Date <b>1/13/17</b>	
Signature of Authorized Representative 				

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED****JAN 17 2017****29617**