



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

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