



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 154595		2. Exact name of the Corporation J-Ron Roofing, Inc.			
3. Principal Office Address 49 Smallpox Trail			City West Kingston	State RI	Zip 02892
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Provide Residential and Commercial Roofing and Siding to the General Public			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jason P. Lague			Vice-President Name Ronald E. Wall, Jr.		
Street Address 49 Smallpox Trail			Street Address 74 Hilltop Drive		
City West Kingston	State RI	Zip 02892	City Charlestown	State RI	Zip 02813
Secretary Name Ronald E. Wall, Jr.			Treasurer Name Jason P. Lague		
Street Address 74 Hilltop Drive			Street Address 49 Smallpox Trail		
City Charlestown	State RI	Zip 02813	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100			PAR VALUE
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 Jason P. Lague, President					Date 2-15-17
Signature of Authorized Representative 					FILED SIGN DOCUMENT HERE FEB 27 2017

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

BY 2/17/17 DS