



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.

FILED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAY 12 AM 10:44

1. Entity ID Number 69123		2. Exact name of the Corporation R & D ROOFING, INC.			
3. Principal Office Address P.O. Box 9189			City Providence	State RI	Zip 02940
4. Business Phone Number 401-351-7444			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island General Carpentry, including but not limited to installation and/or repairing of all types of roofs, siding					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Roger P. Pratas			Vice-President Name Roger Pratas		
Street Address P.O. Box 9189			Street Address P.O. Box 9189		
City Providence	State RI	Zip 02940	City Providence	State RI	Zip 02940
Secretary Name Roger P. Pratas			Treasurer Name Roger P. Pratas		
Street Address P.O. Box 9189			Street Address P.O. Box 9189		
City Providence	State RI	Zip 02940	City Providence	State RI	Zip 02940
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			1. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. 1000 common no par value Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		common
					PAR VALUE
					no 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. <i>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.</i>					
Name of Authorized Representative Roger P. Pratas, President					Date 5-12-17
Signature of Authorized Representative SIGN DOCUMENT HERE					

FILED

MAY 12 2017

BY MA 3035200

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