RI SOS Filing Number: 201859064920 Date: 2/23/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
**Department of State - Business Services Division**

**Annual Report for the year: 2018**
**Corporation**

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

2018 FEB 23 AM 10:37

RECEIVED SECRETARY OF STATE CORPORATIONS DIV.

| 1. Entity ID Number | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 792823 | Mike Gorman Roofing, Inc. | | | |
| 3. Principal Office Address | | City | State | Zip |
| 9 Bayou Drive | | Greenville | RI | 02828 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 238160 | Roofing installation and repair and related construction services | | | |
| 5. State of Incorporation | | | | |
| Rhode Island | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Michael J. Gorman | | | Vice-President Name: | | |
| Street Address: 9 Bayou Drive | | | Street Address: | | |
| City: Greenville | State: RI | Zip: 02828 | City: | State: | Zip: |
| Secretary Name: Michael J. Gorman | | | Treasurer Name: Michael J. Gorman | | |
| Street Address: 9 Bayou Drive | | | Street Address: 9 Bayou Drive | | |
| City: Greenville | State: RI | Zip: 02828 | City: Greenville | State: RI | Zip: 02828 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| 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 ☐ | | |
|---|---|---|---|
| This information is currently of record in the Department of State. | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| Changes require an additional filing. | 100 | Common | $.01 |
| | | | |

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 | Date |
|---|---|
| Michael J. Gorman, President | 2/19/18 |

Signature of Authorized Representative: Michael J. Gorman

FILED
FEB 23 2018
BY 2242

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

FORM 630 - Revised: 10/2017