



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION

1. Entity ID Number 792823		2. Exact name of the Corporation Mike Gorman Roofing, Inc.			
3. Principal Office Address 9 Bayou Drive		City Greenville		State RI	Zip 02828
4. NAICS Code 238160	6. Brief description of the character of business conducted in Rhode Island 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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			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 Michael J. Gorman, President					Date 2/19/18
Signature of Authorized Representative 					FILED

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

FEB 23 2018

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