



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

STAMP

→ 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 000275465		2. Exact name of the Corporation Eagle Rivet Roof Services Corporation			
3. Principal Office Address 15 Britton Drive			City Bloomfield	State CT	Zip 06002
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island All Forms of Roof Installation and Roof Repair			
5. State of Incorporation CT					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Arthur Dias			Vice-President Name		
Street Address 15 Britton Drive			Street Address		
City Bloomfield	State CT	Zip 06002	City	State	Zip
Secretary Name James Trask			Treasurer Name		
Street Address 15 Britton Drive			Street Address		
City Bloomfield	State CT	Zip 06002	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Arthur Dias			Director Name James Trask		
Street Address 15 Britton Drive			Street Address 15 Britton Drive		
City Bloomfield	State CT	Zip 06002	City Bloomfield	State CT	Zip 06002
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 20,000	CLASS/SERIES CNP	PAR VALUE \$0	
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 Arthur Dias					Date
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

2.26.18

MAR 05 2018
BY 11430