RI SOS Filing Number: 201861957470 Date: 4/11/2018 4:00:00 PM

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

FILED
APR 11 2018
BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
000006728	Manchester and O'Neill Roofing Co. Inc.			
3. Principal Office Address		City	State	Zip
64 Halsey St. Unit 15		Newport	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
000023	Residential and Commercial Roofing services, And other related services.			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Mark Manchester					
Street Address			Street Address		
112 Mill St.					
City	State	Zip	City	State	Zip
Newport	RI	02840			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Mark Manchester					
Street Address			Street Address		
112 Mill St.					
City	State	Zip	City	State	Zip
Newport	RI	02840			
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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000.00	CNP	$0.0000

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
Mark Manchester	4/7/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

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: 02/2017