



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

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

*AMENDED
 ANNUAL
 Report to
 CHANGE ADDRESS*

STAMP

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

RECEIVED
 DEPT OF STATE
 BUS SVCS DIV
 2018 NOV 30 AM 4:49

1. Entity ID Number 00065288		2. Exact name of the Corporation L & L ROOFING COMPANY LLC			
3. Principal Office Address 1527 MAIN STREET		City WEST WARWICK		State RI	Zip 02893
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island ROOFING CONTRACTOR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES LAWTON			Vice-President Name 49 E		
Street Address 1527 MAIN STREET			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
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 JAMES K CROSBY CPA				Date 11-28-18	
Signature of Authorized Representative <i>[Signature]</i>					

FILED
 SIGN DOCUMENT HERE
NOV 30 2018

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

November 30, 2018 11:49 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

