



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

2019

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 000054786		2. Exact name of the Corporation New England Roofing and Home Improvements Inc			
3. Principal Office Address 6 Gold Mine Road			City Chepachet	State RI	Zip 02814
4. NAICS Code 212321	6. Brief description of the character of business conducted in Rhode Island Roofing and Exterior Improvements				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name William F Cahill			Vice-President Name William F Cahill IV		
Street Address 6 Gold Mine Road			Street Address 18 Scenic View Drive		
City Chepachet	State RI	Zip 02814	City Smithfield	State RI	Zip 02917
Secretary Name William F Cahill			Treasurer Name William F Cahill		
Street Address 6 Gold Mine Road			Street Address 6 Gold Mine Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name William F Cahill			Director Name		
Street Address 6 Gold Mine Road			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
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. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	STK	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. 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 William F Cahill				Date 1-4-19	
Signature of Authorized Representative <i>William F Cahill</i>				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

FILED

JAN 10 2019

BY

H9570 DS

FORM 630 - Revised: 10/2017