RI SOS Filing Number: 201988646730 Date: 3/13/2019 4:00:00 PM

State Dep

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

STAMP

FOR						
CA	1509	to*	4 Y 4 Y			

→ 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 nam	2. Exact name of the Corporation							
000275465	Eagle Rivet	Eagle Rivet Roof Services Corporation							
3. Principal Office Address			City		State	State Zip			
15 Britton Drive			Bloomfield		СТ	06002			
4. NAICS Code	6. Brief descr	ription of the charac	cter of business of	conducted in Rhod	e Island	·			
23 - Construction	All Forms o	of Roof Installation	and Roof Repa	iir					
5. State of Incorporation	11.7								
СТ	Ţ								
7. List ALL officers (names a	nd addresses)			Che	ck the box to indic	ate an attachment 🔲			
President Name Arthur Dias	Vice-President Name								
Street Address	Street Address								
15 Βηποη υπ									
City Bloomfield	StateCT	Zip 06002	City		State	Zip			
Secretary Name James Trask	1		Treasurer Name						
	Count Address								
Street Address 15 Britton Dri		Street Address							
City Bloomfield	State CT	Zip 06002	City		State	Zip			
8. List ALL directors (names	and addresses)			Che	ck the box to indic	ate an attachment 🔲			
Director Name Arthur Dias	Director Name James Trask								
Street Address 15 Britton Dri	Street Address 15 Britton Drive								
City Bloomfield	State CT	Z _{IP} 06002	City Bloomfi	eld	State CT	Z _{IP} 06002			
Director Name	I	Director Name							
Street Address		Street Address							
			•		:				
City	State	Zip	City		State	Zıp			
9. Shares Authorized 10. Sh.			ssued Check the box to indicate an attachment						
This information is currently o	f record in the	NUMBER OF SHARES		CLASS/SERIES PAR VALUE					
Department of State.	20,000		CNP	\$0	0				
Changes require an additional filing.					1				
11. This report must be exect	uted on behalf of the	corporation by an	authorized repres	entative If the co	rnoration is in the h	nands of a receiver or			
trustee, this report must be e	xecuted on behalf of	the corporation by	the receiver or tr	ustee.					
Under penalty of perjury, I statements, and that all sta	declare and affirm (tements contained	that I have examin Therein are true ar	ed this reportati ad correct	The any acc	ompanying sche	dules and			
Name of Authorized Represe		morem ore due un			Date				
Arthur Dias			MAR	1 9 2019	3/1/2019				
Signature of Authorized Repr	esentative	01011.50	CUM BY HERE	12978	735				
1441		SIGN DO	COMENTHERE						
									

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov