



Department of State - Business Services Division

Annual Report for the year: **2019**  
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 <b>000275465</b>		2. Exact name of the Corporation <b>Eagle Rivet Roof Services Corporation</b>			
3. Principal Office Address <b>15 Britton Drive</b>		City <b>Bloomfield</b>		State <b>CT</b>	Zip <b>06002</b>
4. NAICS Code <b>23 - Construction</b> <i>236115</i>		6. Brief description of the character of business conducted in Rhode Island <b>All Forms of Roof Installation and Roof Repair</b>			
5. State of Incorporation <b>CT</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Arthur Dias</b>			Vice-President Name		
Street Address <b>15 Britton Drive</b>			Street Address		
City <b>Bloomfield</b>	State <b>CT</b>	Zip <b>06002</b>	City	State	Zip
Secretary Name <b>James Trask</b>			Treasurer Name		
Street Address <b>15 Britton Drive</b>			Street Address		
City <b>Bloomfield</b>	State <b>CT</b>	Zip <b>06002</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Arthur Dias</b>			Director Name <b>James Trask</b>		
Street Address <b>15 Britton Drive</b>			Street Address <b>15 Britton Drive</b>		
City <b>Bloomfield</b>	State <b>CT</b>	Zip <b>06002</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip <b>06002</b>
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>20,000</b>		<b>CNP</b>		<b>\$0</b>	
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 <b>Arthur Dias</b>				Date <b>3/1/2019</b>	
Signature of Authorized Representative <i>Arthur Dias</i>				SIGN DOCUMENT BY HERE <i>12978 DS</i>	