



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

MAR 22 2019

STAMP

BY

FOR
CLERK OF STATE
USE ONLY

1. Entity ID Number 82252		2. Exact name of the Corporation ROOF WORKS, INC.			
3. Principal Office Address 478A Broadway			City Providence		State RI
			Zip 02909		
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island construction, installation, repair of industrial and residential roofs and other legal activities			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name STEVEN F. ELLIOTT			Vice-President Name		
Street Address 290 Smith Street			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name JOHN D. BIAFORE			Treasurer Name STEVEN F. ELLIOTT		
Street Address 478A Broadway			Street Address 290 Smith Street		
City Providence	State RI	Zip 02909	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name STEVEN F. ELLIOTT			Director Name		
Street Address 290 Smith Street			Street Address		
City North Kingstown	State RI	Zip 02852	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
			100	common	no par value
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 STEVEN F. ELLIOTT, President					Date 3/19/19
Signature of Authorized Representative <i>St. F. Elliott</i> Pres					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov