State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 201

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 00658933	I		d Liability Company Roofing, LLC					
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island						
238160	To install	To install new roofing systems and repair existing roofs including sheet metal work.						
5. State of Formation	_						1	
Massachusetts								
6. Principal Office Address			City	State	Zip		l	
55 Leonard Street			Foxborough	MA	02035			
7 Mailing Address of Limited	d Liability Compa	iny and Name o	r Title of Contact Person					
Contact Name Glen E. Gibson			Contact Title Manager					
Street Address 55 Leonard St., P.O. Box 290			Cily Foxborough	State MA	<sup>Z<sub>1</sub>p</sup> 02035			
8. List ALL managers (nami	es and addresse	s) of the Limited	Liability Company, IF APPLICAB	BLE - DO NOT LIST I	MEMBERS	22		
Manager Name			Manager Name			7AH 8165	300	
Street Address			Street Address	Street Address			2021 2021 2021	
City	State	Zip	City	State	Zıp	2	10	
Manager Name		<u>_</u> _	Manager Name			<del>X</del> =	(1)	
Street Address			Street Address			12	1	
City	State	Zip	City	State	Zıp			
				Check the box to	indicate an a	ttachme	nt 🔲	
9 Resident Agent in Rhode	Island. This infor	mation is currently	of record with the Department of Sta	ite. Changes require fili	ng Form 642.			
Under penalty of perjury, statements, and that all s	I declare and af	firm that I have	examined this report, including	g any accompanyin	g schedule:	s and		
Name of Authorized Person				Date	. ,			
Glen E. Gibson				4/	30/19			
Signature of Authorized Per	rson Sil	<u></u>	es en					

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

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