

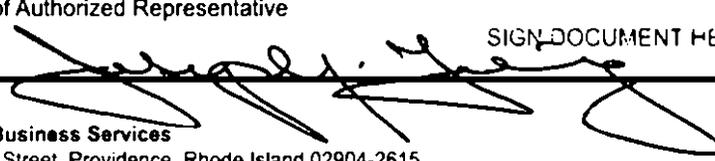


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

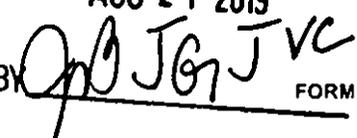
RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 AUG 21 AM 11:30

Annual Report for the year: 2017
Corporation

- 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 174148		2. Exact name of the Corporation Tech Roofing Service, Inc.			
3. Principal Office Address 896 Sheridan Street		City Chicopee		State MA	Zip 01020
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island Commercial roofing contractor			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph J. Narkawicz			Vice-President Name Joshua A. Narkawicz		
Street Address 310 Route 87, PO Box 42			Street Address 66 Anna Maria Lane		
City Columbia	State CT	Zip 06237	City Windham	State CT	Zip 06280
Secretary Name Jennifer Courtney			Treasurer Name Joseph J. Narkawicz		
Street Address 32 Cornell Street			Street Address 310 Route 87, PO Box 42		
City South Hadley	State MA	Zip 01075	City Columbia	State CT	Zip 06237
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph J. Narkawicz			Director Name Joshua A. Narkawicz		
Street Address 310 Route 87, PO Box 42			Street Address 66 Anna Maria Lane		
City Columbia	State CT	Zip 06237	City Windham	State CT	Zip 06280
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES	PAR VALUE 4800 0000	
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 Joseph J. Narkawicz				Date 8/20/19	
Signature of Authorized Representative 				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

AUG 21 2019
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 BY  VC
 FORM 630 - Revised: 10/2017