



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2011**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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CORPORATIONS DIVISION
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| | | | | | |
|--|--------------------|---|---|--------------------|-------------------------------|
| 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 | | | 10. Shares Issued 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. | | | NUMBER OF SHARES | | CLASS/SERIES |
| | | | 100 | | 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

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