



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 86835		2. Name of Corporation JMK ROOFING, INC.			
3. Street Address Principal Business Office 1216 HIGH STREET			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 4013345036		5. State of Incorporation RHODE ISLAND			6. SIC Code 430
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, ROOFING APPLICATIONS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN N. CONVERSE			Vice President Name RISA CONVERSE		
Street Address 1216 HIGH STREET			Street Address 1216 HIGH STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name RISA CONVERSE			Treasurer Name JOHN N. CONVERSE		
Street Address 1216 HIGH STREET			Street Address 1216 HIGH STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONR			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 COMM \$1.00 PAR VALUE			400	COMMON	\$1.00 PV
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



8 6 8 3 5

86835 DBC 01/18/05 12:04:11 PM

File Date 3/3/05

Check No. 6206

By: W.

FOR SECRETARY OF STATE USE ONLY

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.

John N. Converse 2-10-05
Signature of Officer Date

John N. Converse
Print or Type Name of Officer

pres
Title of Officer

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 86835		2. Name of Corporation JMK ROOFING, INC.							
3. Street Address Principal Business Office 1216 HIGH STREET				City CUMBERLAND		State RI		Zip 02864	
4. Business Phone No. 401-334-5036			5. State of Incorporation RHODE ISLAND				6. SIC Code 430		
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, ROOFING APPLICATIONS.									
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS									
President Name JOHN N. CONVERSE					Vice President Name RISA CONVERSE				
Street Address 1216 HIGH STREET					Street Address 1216 HIGH STREET				
City CUMBERLAND		State RI		Zip 02864		City CUMBERLAND		Zip 02864	
Secretary Name RISA CONVERSE					Treasurer Name JOHN CONVERSE				
Street Address 1216 HIGH STREET					Street Address 1216 HIGH STREET				
City CUMBERLAND		State RI		Zip 02864		City CUMBERLAND		Zip 02864	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS									
Director Name NONE					Director Name				
Street Address					Street Address				
City		State		Zip		City		Zip	
CUMBERLAND		RI		02864		CUMBERLAND		02864	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES					ISSUED SHARES				
Number of Shares		Class/Series		Par Value		Number of Shares		Par Value	
400 COMM \$1.00 PAR VALUE						400		\$1.00 PV	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 6 8 3 5 *

FILED
MAR 16 2004
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Subscribed by Officer 2-9-04 Date

JOHN CONVERSE
Print or Type Name of Officer

PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *86835*		2. Name of Corporation JMK ROOFING, INC.			
3. Street Address Principal Business Office 1216 HIGH STREET			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 4013345036		5. State of Incorporation RHODE ISLAND			6. SIC Code 430
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, ROOFING APPLICATIONS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN N. CONVERSE		Vice President Name RISA CONVERSE			
Street Address 1216 HIGH STREET		Street Address 1216 HIGH STREET			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name RISA CONVERSE		Treasurer Name JOHN CONVERSE			
Street Address 1216 HIGH STREET		Street Address 1216 HIGH STREET			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 COMM \$1.00 PAR VALUE			400	COMMON	\$1.00 PV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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**86835* 1/28/03:23:01 PM*

File Date 4-8-03

Check No. 729

By: KML
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: John N. Converse
Date: 3-4-03
Print or Type Name of Officer: John N. Converse
Title of Officer: Pres



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **86835** 2. Name of Corporation **JMK ROOFING, INC.**
3. Street Address Principal Business Office City State Zip
1216 HIGH STREET CUMBERLAND RI 02864
4. Business Phone No. 5. State of Incorporation 6. SIC Code
334-5036 RHODE ISLAND 430
7. Brief Description of the Character of Business Conducted in Rhode Island

ROOFING APPLICATION

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Vice President Name
JOHN N. CONVERSE RISA CONVERSE
Street Address Street Address
1216 HIGH STREET 1216 HIGH STREET
City State Zip City State Zip
CUMBERLAND RI 02864 cumberland RI 02864
Secretary Name Treasurer Name
RISA CONVERSE JOHN CONVERSE
Street Address Street Address
1216 HIGH STREET 1216 HIGH STREET
City State Zip City State Zip
CUMBERLAND RI 02864 CUMBERLAND RI 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Director Name
NONE
Street Address Street Address
City State Zip City State Zip
Director Name Director Name
Street Address Street Address
City State Zip City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
400 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
400 COMMON \$1.00 PV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 6 8 3 5 *

FILED

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.

File Date: MAR 29 2002

Check No.: NA #55

By: 283108

FOR SECRETARY OF STATE USE ONLY

Signature of Officer John N. Converse Date
Print or Type Name of Officer JOHN CONVERSE
Title of Officer PRESIDENT



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **86835** 2. Name of Corporation **JMK ROOFING, INC.**
3. Street Address Principal Business Office **1216 High Street** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **334-5036** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **430**

7. Brief Description of the Character of Business Conducted in Rhode Island

Roofing Application

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name John Converse Street Address 1216 High Street City Cumberland State RI Zip 03864	Vice President Name Risa Converse Street Address 1216 High Street City Cumberland State RI Zip 02864
Secretary Name Risa Converse Street Address 1216 High Street City Cumberland State RI Zip 02864	Treasurer Name John Converse Street Address 1216 High Street City Cumberland State RI Zip 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name none Street Address City State Zip	Director Name Street Address City State Zip
------------------------------------------------------------------------------------	-------------------------------------------------------------------------

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
400 SHS COMM \$1.00 PAR		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
400	common	\$1.00 PV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 6 8 3 5 *

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.

File Date: _____

Check No.: **1119 1 2001**

By: **JMK 259538**

FOR SECRETARY OF STATE USE ONLY

John N Converse
Signature of Officer Date

John Converse
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **86835** 2. Name of Corporation **JMK ROOFING, INC.**
3. Street Address Principal Business Office
1216 High Street
4. Business Phone No. **334-5036** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City State Zip
Cumberland RI 02864
6. SIC Code
430

roofing application
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

John Converse
Street Address

1216 High Street State Zip
Cumberland RI 02864
Secretary Name

Risa Converse
Street Address

1216 High Street State Zip
Cumberland RI 02864

Vice President Name

Risa Converse
Street Address

1216 High Street State Zip
Cumberland RI 02864
Treasurer Name

John Converse
Street Address

1216 High Street State Zip
Cumberland RI 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

none

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

400 SHS COMM \$1.00 PAR

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

400 Common \$1.00 PV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 6 8 3 5 *

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.

File Date: _____

Check No.: **11-00000**

By: **John Converse**

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

Date

John Converse

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88835		2. Name of Corporation JMK ROOFING, INC.	
3. Street Address Principal Business Office 1216 High Street		City Cumberland	State R.I.
4. Business Phone No. (401) 334-5036		5. State of Incorporation RHODE ISLAND	
6. SIC Code 430		7. Brief Description of the Character of Business Conducted in Rhode Island Roofing Application	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name John N. Converse		Vice President Name Risa Converse	
Street Address 1216 High Street		Street Address 1216 High Street	
City Cumberland	State R.I.	City Cumberland	State R.I.
Secretary Name Risa Converse		Treasurer Name John N. Converse	
Street Address 1216 High Street		Street Address 1216 High Street	
City Cumberland	State R.I.	City Cumberland	State R.I.
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
400 SHS COMM \$1.00 PAR		400	Common
			\$1.00 PV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 6 8 3 5 *

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.

File Date: **04-07-99**
Check No.: **3044**
By: **JD**
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: **John N. Converse**
Date: **2-21-99**
Print or Type Name of Officer: **John N. Converse**
Title of Officer: **President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **86835** 2. Name of Corporation **JMK ROOFING, INC.**
3. Street Address Principal Business Office **1216 HIGH STREET** City **CUMBERLAND** State **RHODE ISLAND** Zip **02864**
4. Business Phone No. **(401) 334-5036** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0430**

7. Brief Description of the Character of Business Conducted in Rhode Island

Roofing applications

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name John N. Converse Street Address 1216 High Street City CUMBERLAND State RHODE ISLAND Zip 02864 Secretary Name Risa Converse Street Address 1216 High Street City Cumberland State RI Zip 02864	Vice President Name Risa Converse Street Address 1216 High Street City CUMBERLAND State RHODE ISLAND Zip 02864 Treasurer Name John N. Converse Street Address 1216 High Street City Cumberland State RI Zip 02864
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name Street Address City State Zip Director Name Street Address City State Zip	Director Name Street Address City State Zip Director Name Street Address City State Zip
--------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
400 SHS COMM \$1.00 PAR

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
400 Common \$1.00 Par V.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 6 8 3 5 *

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.

File Date: **3/2/98**
Check No.: **9609109801**

John N. Converse
Signature of Officer Date
John N. Converse
Print or Type Name of Officer
President
Title of Officer

By: _____

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

86836

2. Name of Corporation

JMK ROOFING, INC.

3. Street Address Principal Business Office

1216 High Street

City

Cumberland

State

Rhode Island

Zip

02864

4. Business Phone No.

(401) 334-5036

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0430

7. Brief Description of the Character of Business Conducted in Rhode Island

Roofing applications

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

John N. Converse

Street Address

1216 High Street

City

Cumberland

State

Rhode Island

Zip

02864

Secretary Name

Risa Converse

Street Address

1216 High Street

City

Cumberland

State

Rhode Island

Zip

02864

Vice President Name

Risa Converse

Street Address

1216 High Street

City

Cumberland

State

Rhode Island

Zip

02864

Treasurer Name

John N. Converse

Street Address

1216 High Street

City

Cumberland

State

Rhode Island

Zip

02864

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

400 SHS COMM \$1.00 PAR

ISSUED SHARES

Number of Shares

Class/Series

Par Value

400

Common

\$1.00 Par Val.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



★ 8 6 8 3 5 ★

File Date:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

John N. Converse

Print or Type Name of Officer

President

Title of Officer

Date

3-6-97

PROFIT CORPORATION ANNUAL REPORT

1996



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 86835		2. NAME OF CORPORATION JMK ROOFING, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1216 HIGH STREET		CITY CUMBERLAND	STATE RI
		ZIP CODE 02864	
4. BUSINESS PHONE NO. 334-5025	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 0430
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND ROOFING & CONSTRUCTION			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME JOHN CONVERSE		VICE PRESIDENT NAME RISA CONVERSE	
STREET ADDRESS 1216 HIGH STREET		STREET ADDRESS 1216 HIGH STREET	
CITY CUMBERLAND	STATE RI	CITY CUMBERLAND	STATE RI
ZIP CODE 02864		ZIP CODE 02864	
SECRETARY NAME RISA CONVERSE		TREASURER NAME JOHN CONVERSE	
STREET ADDRESS 1216 HIGH STREET		STREET ADDRESS 1216 HIGH STREET	
CITY CUMBERLAND	STATE RI	CITY CUMBERLAND	STATE RI
ZIP CODE 02864		ZIP CODE 02864	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME NONE		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
400 SHS COMM	\$1.00 PAR		400	COMMON	\$1.00 PV

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 3/7/96

Check No: 01010

By: CP

For Secretary of State Use Only

Signature of Officer

JOHN CONVERSE

Print or Type Name of Officer

PRESIDENT

Title of Officer

3/4/96

Date

DETACH BOTTOM BEFORE RETURNING