



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

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

JMK ROOFING, INC. 86835 3. Street Address Principal Business Office City State Zip RI 02864 1216 HIGH STREET CUMBERLAND 6. SIC Code 5. State of Incorporation 4. Business Phone No. 430 RHODE ISLAND 4013345036 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) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name .RISA CONVERSE JOHN N. CONVERSE Street Address Street Address . 1216 HIGH STREET 1216 HIGH STREET Zip State City State Zip City 02864 RI CUMBERLAND CUMBERLAND RI 02864 Secretary Name Treasurer Name JOHN N. CONVERSE RISA CONVERSE Street Address Street Address .1216 HIGH STREET 1216 HIGH STREET Zio City State City State Zip 02864 RΙ RI 02864 CUMBERLAND CUMBERLAND 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 2тр City State Zip City State Director Name Director Name Street Address Street Address Zio City State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Class/Series Par Value Par Value Number of Shares Number of Shares Class/Series COMMON \$1.00 PV 400 400 COMM \$1.00 PAR VALUE 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. *86835 DBC 01/18/05 12:04:11 PM* 2-10-05 File Date Check No. FOR SECRETARY OF STATE USE ONLY Form 630 12/01



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 _______ 2004_____

Corporate ID No.	2. Name of Corporati					
86835	JMK ROOFIN	G, INC.		State	Zip	
Street Address Principal Business 1216 HIGH STRE			CUMBERLAND	RI	02864	
Business Phone No.	<u> </u>	5. State of Incorporation			6. SIC Code	
401-334-5036		RHODE ISLANI			430	
Brief Description of the Character	of Business Conducted i	n Rhode Island	<u></u>			
CONSTRUCTION, RO						
NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR AT		PACES BEFORE USING	G ATTACHMENTS	
resident Name			Vice President Name			
JOHN N. CONVERSE			RISA CONVERSE			
reel Address			Sircet Address	er.		
1216 HIGH STREET	State	Zip	1216 HIGH STRE	State	Zip	
ily Cinaterdi anto	RI	02864	CUMBERLAND	BI	02864	
CUMBERLAND ecretary Name	<u>v.</u>	L94994	Treasurer Name	!	d	
RISA CONVERSE			JOHN CONVERSE			
treet Address			Street Address			
1216 HIGH STREET			1216 HIGH STRE			
Tity	State	Zip	City	State	ZIp	
CUMBERLAND	RI	02864	CUMBERLAND	RI REPACES BEFORE US	02864	
	S OF THE DIRECTO	ORS: ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES BEFORE USI	ING ATTACHMENTS	
Director Name			Director Name			
NONE treet Address			Street Address			
izeer zititaress						
City	State	Zip	City	State	· Zip	
e .	1					
Director Name			Director Name			
			<u> </u>			
Street Address			Street Address			
		12/5	City	State	Zip	
Cuy	State	Zip	City .	3		
10. SHARES AUTHORIZED	 ("Y" ROY FOR 4	 TTACHMENT) □	: 11. SHARES ISSUED (I "X" BOX FOR ATTAC	HMENT) □	
AUTHORIZED SHARES	A MOT KOUL K		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
·					4: 00 ===	
400 COMM \$1.00 PAR VA	LUE		400	COMMON	\$1.00 PV	
	<u> </u>	. <u> </u>			<u>l</u>	
This report must be	signed in ink by c	ither the President, Vic	President, Secretary, Assista	int Secretary, Treasurer	, Receiver or Trustee	
					·	
					أو المحملين بالمساور والمارق	
			Under penalty of per	rjury, I declare and allirm	that I have examined in	
	8 6 8 3 5	∭ ≛-,	including any accon	npanying schedules and st	that I have examined that all s	
	8 6 8 3 5	 *	Under penalty of per including any accon contained berein are	npanying schedules and st	that I have examined to	
*	8 6 8 3 5	*	including any accon contained berein are	npanying schedules and st	tatements, and that all s	
	8 6 8 3 5 	*	including any accommodate contained berein are	npanying schedules and state true and correct.	that I have examined that all statements, and that all statements.	
	8 6 8 3 5 - LE L	 -	including any accon contained berein are	npanying schedules and state true and correct.	tatements, and that all s	
Check No	_	* - - (()0')	including any accommodate contained berein are	npanying schedules and state true and correct. RSE	tatements, and that all s	
By: MA	R 1 6 2004	* - 2 440.7	including any accommodate contained berein are specific and specific are specific and specific a	npanying schedules and state true and correct. RSE	tatements, and that all s	



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

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

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation I. Corporate ID No. JMK ROOFING, INC. *86835* Zip 3. Street Address Principal Business Office State City RI 02864 **CUMBERLAND** 1216 HIGH STREET 6. SIC Code 5. State of Incorporation 4. Business Phone No. RHODE ISLAND 430 4013345036 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) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name . RISA CONVERSE JOHN N. CONVERSE Sireei Address Sireci Address . 1216 HIGH STREET 1216 HIGH STREET Zip City State Zip State Cin 02864 RI RI 02864 **CUMBERLAND** CUMBERLAN D Treasurer Name Secretary Name JOHN CONVERSE RISA CONVERSE * Street Address Street Address 1216 HIGH STRREQ .1216 HIGH STREET Zip State City Zip Cirv State 102864 RI 02864 CUMBERLAN D RI **CUMBERLAN D** 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 Zip State City City State Zip Director Name Director Name Sireei Address ·Sircei Address City State State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class/Series Class/Series Par Value Number of Shares \$1.00 PV COMMON 400 400 COMM \$1.00 PAR VALUE 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. **86835* 1/28/032:23:01 PM* Check No onvers Wr FOR SECRETARY OF STATE USE ONLY Form 630 12/01

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

2002

FORM MUST BE TYPED IN BLACK)			man ,	
. Corporate ID No.	2. Name of Corporation	n	• • • • • •		
86835	JMK ROOFING	3, INC.			
. Street Address Principal Business Off	îce		City	State	ZIp
1216 HIGH STREET			CUMBERLAND	RI	02864
. Business Phone No.		5. State of Incorporation			6. SIC Code 430
334-5036		RHODE ISLAND			. 400
. Brief Description of the Character of	Business Conducted in	Rhode Island			
ROOFING APP					11141'1770
B. NAMES AND ADDRESSE resident Name	S OF THE OFFIC	CERS (*X* BOX FOR ATTACH	Vice President Name	FORE USING ATTAC	HMEN12
JOHN N. CONVERSE			RISA CONVERSI	Ε.	
1216 HIGH STREET			1216 HIGH STRE		n.
lity	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	cumberland Treasurer Name	RI	, 02864
RISA CONVERSE			JOHN CONVERSE Street Address		
1216 HIGH STREET			1216 HIGH STR	EEET	
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864
D. NAMES AND ADDRESSE Director Name	S OF THE DIRE	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	ACHMENTS
NONE Street Address			Street Address		
Sity	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
СПУ	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X	* BOX FOR ATTACHMEN	τ)
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
AUTTHORIZZED SHARES			400	COMMON	\$1.00 PV
· ·	i r		400	COLUION	41.00 I



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- 9-2002 Jun n mere	
Check No.:	283108 Signature of Officer Date John Converse Frint or Type Name of Officer	
By: FOR SECRETARY OF STATE USE ONLY	The of Officer	30 12/01

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2001</u>

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

86835

JMK ROOFING, INC.

3. Street Address Principal Business Office

City

State

FILL IN SPACES BEFORE USING ATTACHMENTS

2.1p

1216 High Street

Cumberland

RI

02864

4. Business Phone No.

5. State of Incorporation

6. SIC Code

334-5036

RHODE ISLAND

430

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

Roofing Application

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

John Converse

Street Address

1216 High Street

03864

Risa Converse

Street Address

Treasurer Name

Street Address

Director Name

Director Name

Street Address

Vice President Name

1216 High Street

Cumberland

John Converse

02864

Cumberland RI Secretory Name

Risa Converse Street Address

1216 High Street

City

1216 High Street

RI ·

02864

02864 RI Cumberland RICumberland 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name none

Street Address

Street Address

City

Zip

Director Name

Street Address

City

State

210

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

Number of Shares

Class/Series

Car 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 perfury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

File Date: FOR SECRETARY OF STA

Sienatule of Officer John Converse Print or Type Name of Officer

that all statements contained herein are true and correct.

President Title of Officer

Farm 620 12/00

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

,		_			
(FORM MUST BE TYPED IN BLACK	<i>y</i>				
1. Corporate ID No. 86835	2. Name of Corporation JMK ROOFING,	INC.			
3. Street Address Principal Business Of	fice		City	State	zip 02864
1216 High Street 4. Business Phone No. 334-5036		5. State of incorporation RHODE ISLAND	Cumberland	RI	6. SIC Code 430
7. Brief Description of the Character of	Business Conducted in Rhoo	de Island			
roofing applicati 8. NAMES AND ADDRESSE President Name	on ES OF THE OFFICER	S ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEI Vice President Name	FORE USING ATTACHM	ENTS
John Converse Street Address			Risa Converse		
city 1216 High Street	State	Zip	1216 High Street	State	Zip
Cumberland	RI .,	02864	Cumberland	. RI	02864
Risa Converse Street Address			John Converse		
1216 High Street	State	Zip	1216 High Street	State	Zip
Cumberland 9. NAMES AND ADDRESS Director Name	RI ES OF THE DIRECTO	02864 ORS (*X* BOX FOR ATTA	Cumberland CHMENT) FILL IN SPACES I Director Name	Ri BEFORE USING ATTACE	02864 IMENTS
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 ATTACH	MENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
400 SHS COMM \$1.0	O 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 true and correct.

Date

	<u> </u>		that all statements contained herein are
File Date:			Ann M (mver
Check No.:	11 / 00 / 13		Signature of Officer John Converse
By:	- Om 24254		Print or Type Name of Officer
	Y OF STATE SEE ONLY		<u>President</u>
POR JECKETAK	or single part office.		Title of Officer



FOR SECRETARY OF STATE USE ONLY

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

STOP PLEASE READ INSTRUCTIONS

Filing Period: January I-	March 1 •	Filing Fee: \$50.00			INSTR	LCHOXS
(FORM MUST BE TYPED IN BLACK)					 /
1. Corporate ID No. 86835	2. Name of Corporat JMK ROOF					
3. Street Address Principal Business Off			City	State	ZIP	
1216 High Street			Cumberland	R.I.	02864 6. SIC Code	- - '
4. Business Phone No.		5. State of Incorporation			430	
(401) 334-5036 7. Brief Description of the Character of	Business Conducted I	RHODE ISLAND n Rhode Island			400	
Roofing Applicat:	ion		•		NETSC .	
8. NAMES AND ADDRESSE President Name	S OF THE OFFI	CERS ("X" BOX FOR ATTACHM	Vice President Name	ORE USING ATTACHME	.015	·
John N. Converse		;	Risa Converse			
Street Address			Street Address			
1216 High Street			1216 High Street	State	Zip -	
City	State	Zip	City	R.I.	02864	
Cumberland	R.I.	02864	Cumberland Treasurer Name	K.1.		••••••
Secretary Name			John N. Converse			
Risa Converse			Street Address		• -	
Street Address	•		1216 High Street			
1216 High Street	State	Zip	Clty	State	Zip -	-
City	R.I.	02864	Cumberland	R.I.	02864	
Cumberland 9. NAMES AND ADDRESSE	K.I.	CECTARS (*Y* BAY FAR ATTAC		EFORE USING ATTACH	MENTS	
9. NAMES AND ADDRESSE Director Name	3 OF THE DIK	ECTORS (A BOX FOX ATTAC	Director Name		•	•
Street Address			Street Address		•	
City	State	Zip	City	State	, Zip -	
Director Name			. Director Name	********	· t ······	•••••••
Street Address			Street Address	•	. -	
1			•	•		-
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED	(*X* ROY FOR AT	TACHMENT)	11. SHARES ISSUED (-x-	BOX FOR ATTACHMENT)		
AUTHORIZED SHARES	LA BUATURAL	resolution of	ESTATED SHARES		•	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value	
400 SHS COMM \$1.00	PAR		400	Common	\$1.00	PV
 					······· · ···	-
This report must be signe	 d in ink hy eit	ther the President, Vice P	resident, Secretary, Assista	int Secretary, Treasure	, Receiver o	r Truste
This report must be signe			•			
1 1 4 1 1 1						
—————————————————————————————————————	6 8 3	5 *	Under penalty of perju	ry, I declare and affirm th	at I have exam	ined
				ny accompanying schedu		ents, and
			that all statements con	rained petelb ate fine and	correct	
File Date:	O-FOIA		V LU W/	MAPLE O 2	-21-99	
	20/1/1		Signature of Officer	TIVI CELX Z	Date	
Check No.:	<u> </u>	_ 	John N. Conve	rse		

Print or Type Name of Officer

President

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

Corporate	ID	No.
•		86835

2. Name of Corporation

86835	JMK ROOFIN	IG, INC.			
. Street Address Principal Business 1216 HIGH STR	·		city CUMBERLAND	State RHODE ISLAN	z _{ip} ID 02864
. Business Phone No. (401) 334-503	36 .	5. State of Incorporate RHODE ISL	ÄND		6. SIC Code 0430
Brief Description of the Characte. Roofing appli		hode Island		•	
NAMES AND ADDRES		ERS ("x" box for at	TACHMENT) Vice President Name	•	
John N. Conve	erse		Risa Convers	e	•
1216 High Str	reet State	Zip .	1216 High St.	reet	Zip
CUMBERLAND eccretary Name	RHODE ISLA	ND 02864	CUMBERLAND Teasurer Name	RHODE ISLAN	ID 02864
Risa Converse	2		John N. Conv	erse	
1216 High Str	reet		1216 High St	reet	
'ily	State	Zìp	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
P. NAMES AND ADDRES Olirector Name	SSES OF THE DIREC	TORS ("X" BOX FOR	ATTACHMENT) Director Name		
 treet Address			Street Address		
lty	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
ilty	State	Zip .	City	State	Zip
O. SHARES AUTHORIZE	ED ("x" box for attac	HMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMENT))
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 SHS COMM \$1	.00 PAR		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

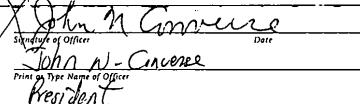
Title of Officer



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

thgt-هاز statements-contained-herein-are-true-and correct-

1,100
File Date:
Check No.: 4659 19980
Ву:
FOR SECRETARY OF STATE USE ONLY





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

PROFIT CORPORATION ANNUAL REPORT 1997

lling Period:	January	1-March 1	•	Filing	Fee:	\$50.00
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FORM MUST	BE TYPED	IN BLACK)
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I. Corporate ID No.

. Name of Corporation

86835	JMK ROOFING,	INC.			
3. Street Address Principal Business Of	(fice		City	State	Zip
1216 High Street 4. Rusiness Phone No. (401) 334-5036 7. Brief Description of the Character of	f Business Conducted in Rhoi	5. State of Incorporation RHODE ISLAND te Island	Cumberland	Rhode Island	02864 6. SIC Code 0430
Roofing application					
8. NAMES AND ADDRESSI President Name		S ("X" BOX FOR ATTACHN	fENT) Vice President Name		
John N. Converse			Risa Converse		
1216 High Street	State	Zip	1216 High Street	State	Zip
Cumberland Secretary Name	Rhode Island	02864	Cumberland Treasurer Name	Rhode Island	02864
Risa Converse Street Address			John N. Converse Street Address		
1216 High Street	State	Zip	1216 High Street	State	Zip
Cumberland	Rhode Island	02864	Cumberland	Rhode Island	02864
9. NAMES AND ADDRESS	ES OF THE DIRECTO	ORS (*X* BOX FOR ATTAC	HMENT) Director Name		
Street Address			Street Address	•	
City	State	Z(p	Cliy	State	Zip
Director Name	••	•••	Director Name	• • • • • • • • • • • • • • • • • • • •	•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	AND ISSUED (*x* 8	OX FOR ATTACHMENT)			
AUTHORIZED SHARES	Class/Series	Far Value	SSUED SHAKES Number of Shares	Class/Series	Par Value
Number of Shares	CIM11/3ELIE2	101 AUIOL	maniber of shares	G	

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

400



400 SHS COMM \$1.00 PAR

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.

Common

\$1.00 Par Val.

File Date:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

Signature of Officer Date

John N. Converse

PROFIT CURPURATION **ANNUAL REPORT**

1996



State of Knode Island and Frovidence 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

Check No:

For Secretary of State Use Only

8y:

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P

CORPORATE ID NO	2. NAME OF CORPORATION	PLEASE TIPE UN	PRINT IN BLACK INK.			
86835	JMK R	OOFING, INC.				
STREET ADDRESS PRINCIPAL BUSINESS (•		GIV .	STATE	ZIP CODE	
1216 HIGH S	TREET		CUMBERLAND	RI	02864	
USINESS PHONE MO. STATE OF INCORPORATION					6. SIC CODE	
3 3 4 - 5 0 2 5 RHODE II			SLAND		0430	
ROOFING & C						
			ESSES OF THE O	FFICERS		
SIDENT NAVE			VICE PRESIDENT NAME	·		
JOHN CONVERS	E		RISA CON	VERSE		
EET ADDRESS	nnem		STREET ADDRESS 1216 HIGH STREET			
1216 HIGH ST	TSTATE	T21P C010€	, 1210 RIGH SIREEI			
CHMRERI.AND	RI	02864	CUMBERLANI	[02864	
RETARY NAME			TREASURER NAME			
RISA CONVERS	E		JOHN CONVERSE			
EET ADORESS			STREET ADDRESS	CMDDDDM		
1216 HIGH STREET			1216 HIGH STREET			
CUMBERLAND	RI	02864	CUMBERLANI	D RI	02864	
ECTOR NAME	9 . N.A	MES AND ADDR	ESSES OF THE D	IRECTORS		
NONE			i			
NONE NONE			STREET ADDRESS			
			•			
Y	STATE	72P COOE	aiv .	STATE	ZIP COOE	
ECTOR NAME	 		DIRECTOR NAME			
			:			
REET ADORESS			STREET ADDRESS		······································	
- 						
Y	STATE	28º C00/E	any	STATE	ZIP C00E	
	1 0 . S	HARES AUTHOR	IZEO AND ISSUE	0		
AUTHORIZED SHARES		ISSUED SHARES				
NUMBER OF SHARES	CLASS / SERFES	PAR VALUE	NUMBER OF SHARES	CLASS / SERTES	PAR VALLE	
400 SHS CO	MM \$1.00 PAR		400	COMMON	\$1.00 PV	
* ***************************						
						
Pre			report, includin	er, Receiver or Truste of perjury, I declare and	affirm that I have examined the	
	7		V-V-V-	=VM=(-)	6400	
File Date: 3/7	196		XA_A_A Signature of Of	Sicor Conv	evel	

JOHN CONVERSE
Print or Type Name of Officer

PRESIDENT

3/4/96