

State of Riode Island and Providence Plantations Date: 1/14/2020 2:06:00 PM

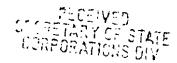
## Department of State - Business Services Division

Annual Report for the year: , >000 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April



2020 IAN II OU

| Penalty: Additional \$25.00 fee if form is not filed by April 1.   |  |                       |                           |                     |                  |                             |
|--|--|-----------------------|---------------------------|---------------------|------------------|-----------------------------|
| Entity ID Number 2. Exact name of the Corporation  |  |                       |                           |                     |                  |                             |
| 311318   | Johnn                                  | y c's R               | oofina C                  | D., INC             | •                |                             |
| 3. Principal Office Address  |  | J                     | City C                    |                     | State            | Zip                         |
| 75 Valleyb   |  | <u> </u>              | East H                    | ouidence            | RI               | 02914                       |
| 4. NAICS Code  | 6. Brief descript                      | tion of the character | r of business condi       | ucted in Rhode Isla | and D-           | . 6                         |
| 238140   | JKesid                                 | ential                | a comm                    | KUCIAL              | 1 1              | ofing                       |
| 5. State of Incorporation  | 7''                                    |                       | •                         |                     |                  | 7                           |
| KI_  |  |                       |                           |                     |                  |                             |
| 7. List ALL officers (names and ad<br>President Name   | dresses)                               |                       | lies of the same          | Check th            | e box to indic   | ate an attachment 🔲         |
| Lohn Contrada  |  |                       | Vice-President Name  Nonc |                     |                  |                             |
| 35 Valleubrook Dr  |  |                       | Street Address            |                     |                  |                             |
| City   | State 0 -                              | Zio                   | City                      | <del></del>         | State            | Zip                         |
| City East Providence Secretary Name  | State                                  | Zip 22914             |                           |                     | State            | Ľiμ                         |
| Secretary Name   |  |                       | Treasurer Name None       |                     |                  |                             |
| Street Address .   |  |                       | Street Address            |                     |                  |                             |
| City   | 10.                                    |                       |                           | <del></del>         |                  |                             |
| City   | State                                  | Zip                   | City                      |                     | State            | Zip                         |
| 8. List ALL directors (names and addresses)  Check the box to indicate an attachment   |  |                       |                           |                     |                  |                             |
| Director Name    Director Name   |  |                       |                           |                     |                  |                             |
| Street Address   |  |                       | Street Address -          |                     |                  |                             |
|  |  |                       |                           |                     |                  |                             |
| City   | State                                  | Zip                   | City                      |                     | State            | Zip                         |
| Director Name  |  |                       | Director Name             |                     |                  |                             |
| Street Address   |  |                       | None                      |                     |                  |                             |
|  |  |                       | Street Address            |                     |                  |                             |
| City   | State                                  | Zip                   | City                      |                     | State            | Zip                         |
| 9. Shares Authorized   | ــــــــــــــــــــــــــــــــــــــ | 10. Shares Issue      | l d                       | Charlette           | a banas da tauta |                             |
| This information is currently of record in the   |  | NUMBER OF S           |                           | CLASS/SERIES        | e box to indic   | ate an attachment PAR VALUE |
| Department of State.   |  | Non                   | ,                         |                     |                  |                             |
| Changes require an additional filing   | 1.◆                                    | 13010                 |                           | <del></del>         |                  |                             |
| 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   |  |                       |                           |                     |                  |                             |
| ardstee, 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 Date   |  |                       |                           |                     |                  |                             |
| Pacla Ray 1-14-2020  |  |                       |                           |                     |                  |                             |
| Signature of Authorized Representative   |  |                       |                           |                     |                  |                             |
| FILED  |  |                       |                           |                     |                  |                             |
| MAIL TO: JAN 174 2020  |  |                       |                           |                     |                  |                             |
|  |  |                       |                           | NAI.                | r & ZUZU         |                             |

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 2:06 )RM 630 - Revised: 10/2017