



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

Annual Report for the year: 2019
 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2020 JAN 14 PM 1:59

- 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 511318		2. Exact name of the Corporation Johnny C'S Roofing CO., INC			
3. Principal Office Address 75 Valleybrook Dr		City East Providence	State RI	Zip 02914	
4. NAICS Code 238140	6. Brief description of the character of business conducted in Rhode Island Residential & Commercial Roofing				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Contrada		Vice-President Name NONE			
Street Address 75 Valleybrook Dr		Street Address			
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name NONE		Treasurer Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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	PAR VALUE
		NONE			
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 Aela Ray				Date 1-14-2020	
Signature of Authorized Representative <i>Aela Ray</i>					

FILED

JAN 14 2020
 BY *[Signature]* MW73W
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 FORM 630 - Revised: 10/2017