



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2020 JAN 14 PM 1:59

1. Entity ID Number <b>511318</b>		2. Exact name of the Corporation <b>Johnny C's Roofing CO., INC</b>	
3. Principal Office Address <b>75 Valleybrook Dr</b>		City <b>East Providence</b>	State <b>RI</b>
		Zip <b>02914</b>	
4. NAICS Code <b>238140</b>	6. Brief description of the character of business conducted in Rhode Island <b>Residential &amp; Commercial Roofing</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>John Contrada</b>		Vice-President Name <b>None</b>	
Street Address <b>75 Valleybrook Dr</b>		Street Address	
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	
Secretary Name <b>None</b>		Treasurer Name <b>None</b>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	Zip	
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>None</b>	CLASS/SERIES PAR VALUE
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. <b>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.</b>			
Name of Authorized Representative <b>Kaela Ray</b>		Date <b>1-14-2020</b>	
Signature of Authorized Representative 			

FILED

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BY

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FORM 630 - Revised: 10/2017