



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

**Annual Report for the year: 2020**  
**Corporation**

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FREE  
 FEB 10 2020  
 BY 10049 DS

1. Entity ID Number <b>735255</b>		2. Exact name of the Corporation <b>Viking Roofing, Inc.</b>											
3. Principal Office Address <b>10 Clinton Drive</b>		City <b>Hollis</b>	State <b>NH</b>	Zip <b>03049</b>									
4. NAICS Code <b>23 8160</b>		6. Brief description of the character of business conducted in Rhode Island <b>roofing sales, repair, construction, maintenance and general contracting</b>											
5. State of Incorporation <b>New Hampshire</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>Jeffrey Dana Taylor</b>		Vice-President Name <b>Cindi Owing</b>											
Street Address <b>10 Clinton Drive</b>		Street Address <b>10 Clinton Drive</b>											
City <b>Hollis</b>	State <b>NH</b>	Zip <b>03049</b>	City <b>Hollis</b>	State <b>NH</b>									
Secretary Name		Treasurer Name											
Street Address		Street Address											
City	State	Zip	City	State									
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>Anthony Marts</b>		Director Name											
Street Address <b>10 Clinton Drive</b>		Street Address											
City <b>Hollis</b>	State <b>NH</b>	Zip <b>03049</b>	City	State									
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
9. Shares Authorized <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>													
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>											
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;"><b>300</b></td> <td style="text-align:center;"><b>Common</b></td> <td style="text-align:center;"><b>No Par Value</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>300</b>	<b>Common</b>	<b>No Par Value</b>			
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<b>300</b>	<b>Common</b>	<b>No Par Value</b>											
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>Cindi L. Owing</b>			Date <b>02/07/2020</b>										
Signature of Authorized Representative <i>Cindi L. Owing</i>			SIGN DOCUMENT HERE										

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)