



(Change of Address)
STAMP

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

- 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 43044		2. Exact name of the Corporation EPCO ROOFING, SIDING & WINDOWS, INC.			
3. Principal Office Address 11 Broadcommon Road #355			City Bristol	State RI	Zip 02809
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Home Improvement Contracting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel J. Pilkington			Vice-President Name Daniel J. Pilkington		
Street Address 11 Broadcommon Road #355			Street Address 11 Broadcommon Road #355		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Maurene S. Pilkington			Treasurer Name Maurene S. Pilkington		
Street Address 11 Broadcommon Road #355			Street Address 11 Broadcommon Road #355		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel J. Pilkington			Director Name Maurene S. Pilkington		
Street Address 11 Broadcommon Road #355			Street Address 11 Broadcommon Road #355		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 400	CLASS/SERIES Common	PAR VALUE No 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. 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 Maurene S. Pilkington					Date 8-20-2020
Signature of Authorized Representative <i>Maurene S. Pilkington</i>					FILED

AUG 31 2020

RL 11:40



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 31, 2020 11:40 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

