

FILED

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FEB 01 2021

BY

1. Entity ID Number 1696791		2. Exact name of the Corporation Roofing Doctor, Corp.			
3. Principal Office Address 12 Crown Avenue			City Barrington	State RI	Zip 02806
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island Construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Sergei Miroshnichenko			Vice-President Name Sergei Miroshnichenko		
Street Address 12 Crown Avenue			Street Address 12 Crown Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Sergei Miroshnichenko			Treasurer Name Sergei Miroshnichenko		
Street Address 12 Crown Avenue			Street Address 12 Crown Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Sergei Miroshnichenko			Director Name None		
Street Address 12 Crown Avenue			Street Address		
City Barrington	State RI	Zip 02806	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 ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	Common	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 Sergei Miroshnichenko				Date	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020