State of Rhode Island and Providence Plantations

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.

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1 Entity ID Number	2. Exact name of the Corporation			
75286	DENNIS ROBINSON ROOFING, INC.			
3. Principal Office Address		City	State	Zip
15 Eben Brown Lane		Central Falls	RI	02863
4 NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island			
23 - Construction	To act as a General Contractor for the Construction, Repairing, and Remodeling of Buildings & Public Works.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Dennis E. Robinson, Jr.			Vice-President Name: Dennis E. Robinson		
Street Address: 15 Eben Brown Lane			Street Address: 15 Eben Brown Lane		
City: Central Falls	State: RI	Zip: 02863	City: Central Falls	State: RI	Zip: 02863
Secretary Name: Dennis E. Robinson			Treasurer Name: Dennis E. Robinson		
Street Address: 15 Eben Brown Lane			Street Address: 15 Eben Brown Lane		
City: Central Falls	State: RI	Zip: 02863	City: Central Falls	State: RI	Zip: 02863

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Dennis E. Robinson			Director Name:		
Street Address: 15 Eben Brown Lane			Street Address:		
City: Central Falls	State: RI	Zip: 02863	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	No Par
Changes require an additional filing.			

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	Date
Dennis E. Robinson	2-9-21

Signature of Authorized Representative: Dennis E Robinson 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

FORM 630 - Revised: 02/2017