



State of Rhode Island

Department of State - Business Services Division

FILED

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.

MAR 17 2021
BY *[Signature]*

1. Entity ID Number 792823		2. Exact name of the Corporation Mike Gorman Roofing, Inc.												
3. Principal Office Address 2 Mayfield Street			City Greenville	State RI	Zip 02828									
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island Roofing installation and repair and related construction services.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Michael J. Gorman			Vice-President Name											
Street Address 2 Mayfield Street			Street Address											
City Greenville	State RI	Zip 02828	City	State	Zip									
Secretary Name Michael J. Gorman			Treasurer Name Michael J. Gorman											
Street Address 2 Mayfield Street			Street Address 2 Mayfield Street											
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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 Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>\$.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	\$.01			
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100	Common	\$.01												
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 Michael J. Gorman, President				Date 2/26/21										
Signature of Authorized Representative <i>Michael Gorman</i>														

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov