

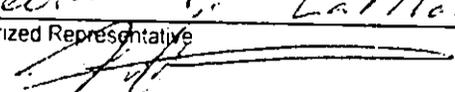
Department of State - Business Services Division

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.

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 BUS SVCS DIV

2021 JUL -2 AM 9:01

1. Entity ID Number <u>001700664</u>		2. Exact name of the Corporation <u>National Roofing & Solar Corporation</u>	
3. Principal Office Address <u>4 Kim Court</u>		City <u>Guilford</u>	State <u>CT</u>
		Zip <u>06437</u>	
4. NAICS Code <u>238160</u>	6. Brief description of the character of business conducted in Rhode Island <u>Roofing and Solar Business</u>		
5. State of Incorporation <u>Delaware</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Kevin P. LaMareo</u>		Vice-President Name	
Street Address <u>4 Kim Court</u>		Street Address	
City <u>Guilford</u>	State <u>CT</u>	Zip <u>06437</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Kevin P. LaMareo</u>		Director Name	
Street Address <u>4 Kim Court</u>		Street Address	
City <u>Guilford</u>	State <u>CT</u>	Zip <u>06437</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES <u>1</u>	CLASS/SERIES <u>cwp</u>
		PAR VALUE <u>.0010</u>	
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 <u>Kevin P. LaMareo</u>		Date <u>4/12/21</u>	
Signature of Authorized Representative 			

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MAIL TO:
 Division of Business Services
 148 W River Street Providence Rhode Island 02904-2615
 Phone: (401) 222-3040

FILED 9:02

JUL 02 2021

BY PTQRB