State of Rhode Island					_		
Department of Sta		ss Services D	ivision		•	• ೧೯೧	
Annual Report for the year:					[H.	<u> </u>	
Corporation	-	E CER					
→ Filing period: January 1 - M → Filing Fee: \$50.00		ST S					
→ Penalty: Additional \$25.00 fe		CEIV T. OF SVC3 23					
1. Entity ID Number		of the Corporation				Divide d	
128206	Diversified Roofing Systems, Inc.						
3. Principal Office Address	DIVE	ISILIEG NO	City				
485 Kempton St.	New B	edford	MA	02740			
	6. Brief descript	tion of the characte	er of business con	nducted in Rhode Isla			
5. State of Incorporation	1						
Massachusetts	Massachusetts roofing & carpentry						
7. List ALL officers (names and add					ne box to ir	ndicate an attachment 🔲	
President Name	- T			Vice-President Name			
Richard Miranda Jr. Street Address			Richard Miranda Jr. Street Address				
123 Howland Rd.				123 Howland Rd.			
City Assonet	State MA	Zip 02702	City		State MA	Zip 02702	
Secretary Name	<u> </u>	1 02/02	Treasurer Name	onet	TIA	02/02	
Richard Miranda	Richard Miranda Jr.						
Street Address 123 Howland Rd.			Street Address 123 Howland Rd.				
City Assonet	State	Σ ₁₀ 02702	City		State	Z _I p	
8. List ALL directors (names and ad	Ma Idresses)	02702	ASS	onet Check th	MA he box to ir	02702	
Director Name	Ulessesj		Director Name	Ondon	<u> </u>	Idicate all attachment	
Richard Miranda							
Street Address 123 Howland Rd.			Street Address				
City	State	Zıp	City		State	Zip	
Assonet Director Name	MA	02702	Director Name	 -			
Director Maine			Director Name				
Street Address	Street Address	Street Address					
City	State	Zıp	City		State	Zip	
9. Shares Authorized	<u>. </u>	10. Shares Issu			he box to in	ndicate an attachment	
This information is currently of recor Department of State.	nis information is currently of record in the NUMBER OF:		SHARES	ARFS CLASS/SERIES PAR VALUE			
Changes require an additional filing.		100		common n		none	
Cilanges require an additional ming.							
11. This report must be executed or trustee, this report must be executed	ed on behalf of th	he corporation by th	he receiver or trus	stee.			
Under penalty of perjury, I declar statements, and that all statements				luding any accom	panying s	chedules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	Date	
Richard Miranda Jr.					Ju1	July 23, 2021	
Signature of Authorized Representa	ative					<u> </u>	
1 (12)	$\mathcal{L} \mathcal{L} \mathcal{A}$			FILED			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov

JUL 23 2021

BY CM JEA2 FORM 630 - Revised: 08/2020

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