



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2009
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 JUL 23 A 10:59

1. Entity ID Number 128206		2. Exact name of the Corporation Diversified Roofing Systems, Inc.			
3. Principal Office Address 485 Kempton St.			City New Bedford	State MA	Zip 02740
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island roofing & carpentry			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Richard Miranda Jr.			Vice-President Name Richard Miranda Jr.		
Street Address 123 Howland Rd.			Street Address 123 Howland Rd.		
City Assonet	State MA	Zip 02702	City Assonet	State MA	Zip 02702
Secretary Name Richard Miranda Jr.			Treasurer Name Richard Miranda Jr.		
Street Address 123 Howland Rd.			Street Address 123 Howland Rd.		
City Assonet	State MA	Zip 02702	City Assonet	State MA	Zip 02702
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Richard Miranda Jr.			Director Name		
Street Address 123 Howland Rd.			Street Address		
City Assonet	State MA	Zip 02702	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 ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	none
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 Richard Miranda Jr.					Date July 23, 2021
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2020