RI SOS Filing Number: 202199498420 Date: 7/23/2021 11:04:00 AM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2008
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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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number	2. Exact name of the Corporation			
128206	Diversified Roofing Systems, Inc.			
3. Principal Office Address		City	State	Zip
485 Kempton St.		New Bedford	MA	02740
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238160				
5. State of Incorporation				
Massachusetts	roofing & carpentry			

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

President Name			Vice-President Name		
Richard Miranda Jr.			Richard Miranda jr.		
Street Address			Street Address		
123 Howland Rd.			123 Howland Rd.		
City	State	Zip	City	State	Zip
Assonet	MA	02702	Assonet	MA	02702
Secretary Name			**Treasurer Name**		
Richard Miranda jr.			Richard Miranda Jr.		
Street Address			Street Address		
123 Howland Rd.			123 Howland Rd.		
City	State	Zip	City	State	Zip
Assonet	MA	02702	Assonet	MA	02702

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

Director Name			Director Name		
Richard Miranda Jr.					
Street Address			Street Address		
123 Howland Rd.					
City	State	Zip	City	State	Zip
Assonet	MA	02702			
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Richard Miranda Jr.	July 23, 2021

Signature of Authorized Representative

FILED
JUL 23 2021
BY JEAZ
11:04

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: 08/2020