State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2006
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	
485 Kempton St.	New Bedford	MA	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	Vice-President Name
Richard Miranda Jr.	Richard miranda Jr.
Street Address: 194 Leonard St.	Street Address: 194 Leonard St.
City: Acushnet, State: MA, Zip: 02743	City: Acushnet, State: MA, Zip: 02743
Secretary Name	**Treasurer Name**
Richard Miranda Jr.	Richard Miranda jr.
Street Address: 194 Leonard St.	Street Address: 194 Leonard St.
City: Acushnet, State: MA, Zip: 02743	City: Acushnet, State: MA, Zip: 02743

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

Director Name	Director Name
Richard Miranda Jr.	
Street Address: 194 Leonard St.	Street Address:
City: Acushnet, State: MA, Zip: 02743	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	Date
Richard Miranda Jr.	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

JUL 23 2021
BY JEA29
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FORM 630 - Revised: 08/2020