



State of Rhode Island

Department of State - Business Services Division

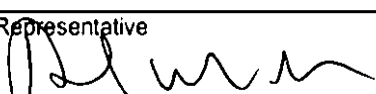
Annual Report for the year: 2006
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT OF STATE
BUS SERVICES DIV
2021 JUL 23 AM 10:59
02740

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 194 Leonard St.			Street Address 194 Leonard St.		
City Acushnet	State MA	Zip 02743	City Acushnet	State MA	Zip 02743
Secretary Name Richard Miranda Jr.			Treasurer Name 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 Richard Miranda Jr.			Director Name		
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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			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

JUL 23 2021

BY Ch JE A29
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FORM 630 - Revised: 08/2020