State of Dhade Jaland							
State of Rhode Island Department of State	te - Busines:	s Services Di	ivision				
word.	MISIOH			۲,			
Annual Report for the year			1707	₹ <u>`</u> ₽ .			
Corporation 2004					_	- :::- - ::::::::::::::::::::::::::::::	
→ Filing period: January 1 - M.→ Filing Fee: \$50.00			JUL				
→ Penalty: Additional \$25.00 fe			2	SV-CE			
Entity ID Number	2. Exact name of			 			
1	2. Exact name of the Corporation Diversified Roofing Systems, Inc.						
128206 3. Principal Office Address	<u>Dive</u>	<u>rsified Ro</u>	ofing Sy City	ystems, Inc.	State U	' '')	
485 Kempton St.			'	odford	MA 4	<u>.</u> ' '	
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 7. List ALL officers (names and add		<u> « carpent</u>	ry	Check th	ne box to ir	ndicate an attachment	
President Name				Vice-President Name			
Richard Miranda Jr. Street Address			Richard Miranda Jr. Street Address				
194 Leonard St.			194 Leonard St.				
City	State	Zıp	City	27. 200	State	Zip	
Acushnet Secretary Name	MA	02743_	Acushi Treasurer Nam		<u>l MA</u>	02743	
Richard Miranda	Richard Miranda Jr.						
Street Address			Street Address				
194 Leonard St.	State	Zip	City 19	4 Leonard St	TState	Zip	
Acushnet	MA	02743	Acushi	net	MA	02743	
List ALL directors (names and ad Director Name	dresses)		In:		ne box to ii	ndicate an attachment 🔲	
Richard Miranda Jr.	Director Name						
Street Address			Street Address				
194 Leonard St.	State	Zip	City		State	Zıp	
Acushnet	MA	02743	City		State	Zip	
Director Name		1 177-7 4-7	Director Name		•		
Street Address			Street Address				
2,,057,105,050			Cuccinosics	•			
City	State	Zıp	City		State	Zip	
9. Shares Authorized	<u></u>	10. Shares Issue	<u>l</u>	Check th	he hox to it	ndicate an attachment 🔲	
This information is currently of recor	d in the	NUMBER OF S		CLASS/SERIES		PAR VALUE	
Department of State.		100		COMMON		none	
Changes require an additional filing.		100		common	Hotte		
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 Mirangle Jr. July 23, 202 Signature of Authorized Representative						1y 23, 2021	
1 1/	/\ \\\\\\\\/\\\\\/\\\\\\/\\\\\\\\\\\\\	▽ `		EII ED			

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 CU JEA29 11:60