State of Rhode Island
**Department of State - Business Services Division**

**Annual Report for the year:** 2022
**Corporation**

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

**STAMP**
FOR SECRETARY OF STATE USE ONLY

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 1696791 | Roofing Doctor, Corp. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 12 Crown Avenue | Barrington | RI | 02806 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 238160 | Construction |
| 5. State of Incorporation | |
| RI | |

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

| President Name | Vice-President Name |
|---|---|
| Sergei Miroshnichenko | Sergei Miroshnichenko |
| Street Address: 12 Crown Avenue | Street Address: 12 Crown Avenue |
| City: Barrington, State: RI, Zip: 02806 | City: Barrington, State: RI, Zip: 02806 |
| Secretary Name: Sergei Miroshnichenko | Treasurer Name: Sergei Miroshnichenko |
| Street Address: 12 Crown Avenue | Street Address: 12 Crown Avenue |
| City: Barrington, State: RI, Zip: 02806 | City: Barrington, State: RI, Zip: 02806 |

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

| Director Name | Director Name |
|---|---|
| Sergei Miroshnichenko | None |
| Street Address: 12 Crown Avenue | Street Address: |
| City: Barrington, State: RI, Zip: 02806 | City: , State: , Zip: |
| Director Name: None | Director Name: None |
| 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 | No Par Value |
| | | |

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 |
|---|---|
| Sergei Miroshnichenko | |

Signature of Authorized Representative

**FILED**

FEB 11 2022
BY 1850

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