



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

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 BUS SVCS DIV

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1. Entity ID Number 000117126		2. Exact name of the Corporation Gordon H. Chandler Roofing & Consulting, Inc.			
3. Principal Office Address 122 Lydia Ann Road		City Smithfield		State RI	Zip 02917
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island To engage in roofing and renovation of residential and commercial real estate properties nad to provide construction consulting services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gordon H. Chandler			Vice-President Name N/A		
Street Address 10 A Pheasant Run			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name N/A			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gordon H. Chandler			Director Name		
Street Address 10 A Pheasant Run			Street Address		
City Smithfield	State RI	Zip 02917	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 <input type="checkbox"/>		
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	No Par
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 Gordon H. Chandler				Date 12/10/2022	
Signature of Authorized Representative <i>Gordon H. Chandler</i>					

FILED

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

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