RI SOS Filing Number: 202331827800 Date: 3/27/2023 4:00:00 PM

State of Rhode Island Department of S	Division	vision					
Annual Report for the y		MAR 27 2023					
Corporation		BY 113					
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 							
Entity ID Number	n						
001738020	RTP Ro	RTP Roofing Corporation					
				City State Zip			
275 W. Natick Road, Suite 800			Warwick		RI	02886	
4. NAICS Code	6. Brief descri	iption of the charac	ter of business of	conducted in Rhode Isl	and		
238160	Roofing i	Roofing installation					
5. State of Incorporation	-	Trooming motunation					
RI							
7. List ALL officers (names and a	ddresses)		·······	. Check th	ne box to i	ndicate an attachment	
President Name Hyrum K. Boi	Vice-Presiden	Vice-President Name Michael S. Brown					
Street Address 275 W. Natick Road, Suite 800			Street Address 275 W. Natick Road, Suite 800				
City Warwick	State RI	^{Zip} 02886	City Warwi	City Warwick		Zip 02886	
Secretary Name Hyrum K. Bond III				Treasurer Name Michael S. Brown			
Street Address 275 W. Natick Road, Suite 800				Street Address 275 W. Natick Road, Suite 800 City Warmist State DI Zip 03886			
^{City} Warwick	State RI	^{Zip} 02886	^{City} Warwi	^{City} Warwick		^{Z₁p} 02886	
8. List ALL directors (names and Director Name	addresses)		Director Name		ne box to i	ndicate an attachment	
			Director Hame	Shooto Hame			
Street Address			Street Address				
City	State	Zip	City	City		Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Shares Authorized This information is currently of record in the			10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASSIGERIES PAR VALUE		
Department of State.		200	SHARES		I		
Changes require an additional filing.		200		Common		\$.01	
11. This report must be executed	on behalf of the c	corporation by an ai	uthorized repres	entative. If the corpora	ition is in t	the hands of a receiver or	
trustee, this report must be execu	ted on behalf of t	he corporation by the	he receiver or tr	ustee.			
Under penalty of perjury, I declar statements, and that all stateme	ents contained h	iat I have examine ierein are true and	d this report, in correct.	ncluding any accomp		chedules and	
Name of Authorized Representation Hyrum K. Bond III, Presidential		Date 3/22/23					
Signature of Authorized Represen	itative	-bt				703	
1/-//	MI	<i>7</i> /					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov