



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.

COPY

APR 25 2023

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1. Entity ID Number 58854		2. Exact name of the Corporation Roofing Unlimited and Construction, Inc.												
3. Principal Office Address 34 Frank Avenue		City West Kingston		State RI	Zip 02892									
4. NAICS Code 233160		6. Brief description of the character of business conducted in Rhode Island Roofing and construction												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Richard A. Doyon			Vice-President Name Geraldine M. Doyon											
Street Address 34 Frank Avenue			Street Address 34 Frank Avenue											
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892									
Secretary Name Geraldine M. Doyon			Treasurer Name Geraldine M. Doyon											
Street Address 34 Frank Avenue			Street Address 34 Frank Avenue											
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
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200	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 Richard A. Doyon, President				Date 2/14/2023										
Signature of Authorized Representative <i>Richard A. Doyon</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

FORM 630 - Revised: 11/2021