



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

**Annual Report for the year:** 2024  
**Corporation**

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

**FILED**  
**JAN 26 2024**  
 BY 2751 DS

1. Entity ID Number <b>1696791</b>		2. Exact name of the Corporation <b>Roofing Doctor, Corp.</b>			
3. Principal Office Address <b>12 Crown Avenue</b>		City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	
4. NAICS Code <b>238160</b>		6. Brief description of the character of business conducted in Rhode Island <b>Construction</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Sergei Miroshnichenko</b>			Vice-President Name <b>Sergei Miroshnichenko</b>		
Street Address <b>12 Crown Avenue</b>			Street Address <b>12 Crown Avenue</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>Sergei Miroshnichenko</b>			Treasurer Name <b>Sergei Miroshnichenko</b>		
Street Address <b>12 Crown Avenue</b>			Street Address <b>12 Crown Avenue</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Sergei Miroshnichenko</b>			Director Name <b>None</b>		
Street Address <b>12 Crown Avenue</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SLRILS	PAR VALUE
		<b>100</b>		<b>Common</b>	<b>No Par Value</b>
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. <i>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.</i>					
Name of Authorized Representative <b>Sergei Miroshnichenko</b>				Date	
Signature of Authorized Representative 					