



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV STAMP
2024 JUL -8 PM 2:12

1. Entity ID Number 000025778		2. Exact name of the Corporation Pawcatuck Roofing Company Inc			
3. Principal Office Address 20 S Anguilla Rd Box 9B			City Pawcatuck	State CT	Zip 06379
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island Contractor			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Holland			Vice-President Name Brent Holland		
Street Address 20 S Anguilla Rd			Street Address 20 S Anguilla Rd		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
Secretary Name			Treasurer Name Jared Whewell		
Street Address			Street Address 20 S Anguilla Rd		
City	State	Zip	City Pawcatuck	State CT	Zip 06379
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Holland			Director Name Brent Holland		
Street Address 20 S Anguilla Rd			Street Address 20 S Anguilla Rd		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
Director Name Jared Whewell			Director Name		
Street Address 20 S Anguilla Rd			Street Address		
City Pawcatuck	State CT	Zip 06379	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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		CNP	0.00
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 Robert Holland					Date 7/2/24
Signature of Authorized Representative					

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

AA.
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BY QXSD5