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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:  
Corporation

→ Filing period February 1 - May 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 per form is not filed by May 31

2024  
RIDS MADE NON-SUBSTANTIVE EDITS  
2024RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV JUL 12 2024  
2024 JUL -1 AM 11:4 BY [Signature]

FILED

01748624		2 Exact name of the Corporation MIKE KOBITHEN ROOFING & INSULATING, Inc	
Principal Office Address 57 VIRGINIA DR		City CHURCHVILLE	State PA Zip 18966
4 NAICS Code 238100	6 Brief description of the character of business conducted in Rhode Island ROOFING/INSULATION		
5 State of Incorporation PA			
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name		Vice-President Name	
Street Address		Street Address	
City	State	Zip	City State Zip
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State. Changes require an additional filing		NUMBER OF SHARES	CLASS/STRIKES
		1000	
		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 [Signature] (President)		Date 6/25/24	
Signature of Authorized Representative PATRICIA KOBITHEN			

## MAIL TO:

Division of Business Services

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