

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 if form is not filed by May 31

2024

RIDES MADE NON-SUBSTANTIVE EDITS

FILED
 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 JUL 12 2024
 2024 JUL -1 AM 11:4 BY *[Signature]*

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) Check the box to indicate an attachment					<input type="checkbox"/>
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) Check the box to indicate an attachment					<input type="checkbox"/>
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		NUMBER OF SHARES		CLASS-SERIES	PAR VALUE
		1000			
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 <i>[Signature]</i> (President)				Date 6/25/24	
Signature of Authorized Representative PATRICIA KOBITHEN					

MAIL TO:
 Division of Business Services
 148 W River Street, Providence Rhode Island 02904-2615
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 Website: www.sos RI.gov