



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2025

Corporation

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

1. Entity ID Number 000082252		2. Exact name of the Corporation ROOF WORKS, INC.	
3. Principal Office Address 320 Smith Street		City North Kingstown	State RI Zip 02852
4. NAICS Code 238160	6. Brief description of the character of business conducted in Rhode Island Construction, installation, repair of industrial and residential roofs and other legal activities.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Steven F. Elliott		Vice-President Name None	
Street Address 320 Smith Street		Street Address	
City North Kingstown	State RI	Zip 02852	
Secretary Name Steven F. Elliott		Treasurer Name Steven F. Elliott	
Street Address 320 Smith Street		Street Address 320 Smith Street	
City North Kingstown	State RI	Zip 02852	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Steven F. Elliott		Director Name NONE	
Street Address 320 Smith Street		Street Address	
City North Kingstown	State RI	Zip 02852	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
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 ☐	
		NUMBER OF SHARES 100	CLASS/SERIES Common
		PAR VALUE 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. <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 STEVEN F. ELLIOTT, PRESIDENT		Date 1/25/25	
Signature of Authorized Representative 		FILED FEB 25 2025 BY RO5M4 AA - 10:51 AM	

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 12/2023