



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|--|--------------------|---|--|--------------------|---------------------|
| 1. Entity ID No. 518371 | | 2. Exact name of the Corporation ALLIED WEATHERPROOFING CO., INC. | | | |
| 3. Principal office address 84 TEWKSBURY STREET | | | City ANDOVER | State MA | Zip 01801 |
| 4. Business Phone No. 978-470-0630 | | | 5. State of Incorporation MA | | |
| 6. Brief description of the character of business conducted in Rhode Island CONTRACTOR - WEATHERPROOFING | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name JOHN STOW | | | Vice-President Name JEANETTE STOW | | |
| Street Address 84 TEWKSBURY STREET | | | Street Address 84 TEWKSBURY STREET | | |
| City ANDOVER | State MA | Zip 01801 | City ANDOVER | State MA | Zip 01801 |
| Secretary Name JEANETTE STOW | | | Treasurer Name JOHN STOW | | |
| Street Address 84 TEWKSBURY STREET | | | Street Address 84 TEWKSBURY STREET | | |
| City ANDOVER | State MA | Zip 01801 | City ANDOVER | State MA | Zip 01801 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name JOHN STOW | | | Director Name JEANETTE STOW | | |
| Street Address 84 TEWKSBURY STREET | | | Street Address 84 TEWKSBURY STREET | | |
| City ANDOVER | State MA | Zip 01801 | City ANDOVER | State MA | Zip 01801 |
| Director Name HELEN CONNORS | | | Director Name | | |
| Street Address 10 GATES STREET | | | Street Address | | |
| City SOUTH BOSTON | State MA | Zip 02127 | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 100 | COMMON | 10,000.00 |

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

File Date: _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY FEB 27 2012

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.

John Stow
 Signature of Authorized Representative
PRESIDENT
 Print or Type Name of Authorized Representative

Date: **2/22/12**

BY *104554* 12:18