State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate Number	2. Name of Corporation
000782	DEEP ROCK TRADING INC

3. Street Address Principal Business Office	City	State	Zip
441 ROCHAMBEAU AVENUE	PROVIDENCE	RI	02906

4. Business Phone No.	5. State of Incorporation
1-401-521-5242	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
BUYING AND SELLING CLOSEOUTS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
DONALD COHEN	NONE
Street Address: 441 ROCHAMBEAU AVENUE	Street Address:
City: PROVIDENCE State: RI Zip: 02906	City: State: Zip:
Secretary Name: DONALD COHEN	Treasurer Name: DONALD COHEN
Street Address: 441 ROCHAMBEAU AVENUE	Street Address: 441 ROCHAMBEAU AVENUE
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
NONE	
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
2,000

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	COMMON	0

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.

[redacted] [redacted]

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.

Signature *Date* 06/08/09

DONALD COHEN
Print or Type Name

PRESIDENT
Title

[redacted]

File Date	FILED
Check No.	JUN 08 2009
By:	By DS
FOR SECRETARY OF STATE USE ONLY	091405

Form 630 Rev. 08/08