STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
70782

2. Name of Corporation
Deep Rock Trading, Inc.

3. Street Address Principal Business Office
441 Rochambeau Avenue

City Providence *State* RI *Zip* 02906

4. Business Phone No.
401-521-5242

5. State of Incorporation
Rhode Island

6. SIC Code
0

7. Brief Description of the Character of Business Conducted in Rhode Island
Wholesale distribution

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

President Name
Donald Cohen
Street Address
441 Rochambeau Avenue
City Providence *State* RI *Zip* 02906

Vice President Name
Jill Cohen
Street Address
441 Rochambeau Avenue
City Providence *State* RI *Zip* 02906

Secretary Name
Jill Cohen
Street Address
as above
City *State* *Zip*

Treasurer Name
Street Address
City *State* *Zip*

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

Director Name
None -- close corporation
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
2,000	Common	No par value

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
200	Common	No par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

File Date: 3/20/2001

Check No.: 3145

By: DB

FOR SECRETARY OF STATE USE ONLY

[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 of Officer *Date* 3/21/01

Donald Cohen
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/99