



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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**

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 Secretary Name Jill Cohen Street Address as above City _____ State _____ Zip _____	Vice President Name Jill Cohen Street Address as above City _____ State _____ Zip _____ Treasurer Name _____ Street Address _____ City _____ State _____ Zip _____
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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 _____
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value

2,000 SHS COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common npv

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



* 70782 *

File Date: 2/17/00

Check No.: 2779

By: 2

FOR SECRETARY OF STATE USE ONLY

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.

Donald Cohen Signature of Officer Date pres

Donald Cohen
Print or Type Name of Officer

President
Title of Officer