



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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

8888

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

Trading company

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Donald Cohen

Vice President Name

Jill Cohen

Street Address

441 Rochambeau Avenue

Street Address

441 Rochambeau Avenue

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Secretary Name

Jill 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

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 SHS COMM NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common / N/A No Par Value

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



* 7 0 7 8 2 *

File Date:

3/12/97

Check No.:

4159

By:

KIP

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.

Signature of Officer

Donald Cohen

Print or Type Name of Officer

President

Title of Officer

Date

2/28/97