



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 02904-2675  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2011

**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)(1)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 135143		2. Name of Corporation ROCO Gourmet, Inc.			
3. Street Address Principal Business Office 37-H Lark Industrial Parkway			City Greenville	State RI	Zip 02828
4. Business Phone No. 401-949-5333		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island FOOD PROCESSING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Raymond A. Oliva			Vice President Name NONE		
Street Address 37-H Lark Industrial Parkway			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name Raymond A. Oliva			Treasurer Name Raymond A. Oliva		
Street Address 37-H Lark Industrial Parkway			Street Address 37-H Lark Industrial Parkway		
City Greenville,	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000 NO PAR VALUE			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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series N/A	Par Value NONE

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 **FILED**

Check No. **JAN 13 2011**

By: **1535**

**BY** 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.

*Raymond A. Oliva* 1-11-11  
Signature Date

Raymond A. Oliva

Print or Type Name

President

Title