

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 149895	2. Exact name of the Corporation ROCHA MARBLE & GRANITE. INC.					
3. Principal office address 49 MIDDLE STREET			City PAWTUCKET		tate RI	Zip 02860
4. Business Phane No. (401) 374-5041			5. State of Incorporation RHODE ISLAND			
6. Brief description of the chara MARBLE & GRANITE (j			
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President Name TONY D. ROCHA			Vice-President Name ERIC E. ROCHA Street Address			
Street Address 160 FIRST STREET			Street Address 75 ORLO AVENUE			~ ~ ≥≥
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDEN		tate RI	Zip 二六二 02944 〇〇二
Secretary Name TONY D. ROCHA			TONY D. DOCUMENTO			/ / h
Street Address 160 FIRST STREET			Street Address 160 FIRST STREET			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDEN		tate RI	Zip 02914
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Director Name TONY D. ROCHA			Director Name ERIC E. ROCHA			
Street Address 160 FIRST STREET			Street Address 75 ORLO AVENUE			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDEN		tate {	Zip 02914
Director Name KEVIN E. ROCHA			NONE NONE			
Street Address 160 FIRST STREET			Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	City	S	tate	Zip
े अध्याङ्ग भारत्। । । । । । । ।	Ura.	10	म् अ <u>र्थान</u> ्यक अवस्था	71. (2138) " a	**	45 4245 E
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.			NUMBER OF SHARES	CLASS/SERIE	CLASS/SERIES PAR VALUE	
			1,000 SHARES	CON	MON	NO PAR
This report must be executed of	on behalf of the	corporation by an authorize ust be executed on behalf of	ed representative. If the co	prporation is it	n the hands	s of a receiver or trustee,

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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 Authorized Representative

Date

TONY D. ROCHA

President

6-22-12

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative

