



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 2014

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. 790265		2. Exact name of the Corporation Isle of Rhodes, Inc.			
3. Principal office address 5 Appleseed Drive		City Greenville		State RI	Zip 02828
4. Business Phone No. 401-864-2652		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Any lawful business in Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Steve Rocco			Vice-President Name Tara Rocco		
Street Address 5 Appleseed Drive			Street Address 5 Appleseed Drive		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Tara Rocco			Treasurer Name Steve Rocco		
Street Address 5 Appleseed Drive			Street Address 5 Appleseed Drive		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Steve Rocco			Director Name Tara Rocco		
Street Address 5 Appleseed Drive			Street Address 5 Appleseed Drive		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		Common		No Par Value	

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.

FILED
MAR 25 2014
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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.

Steve Rocco, Pres
Signature of Authorized Representative
Date **3/23/14**

Steve Rocco, President

Print or Type Name of Authorized Representative