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.	2. Exact name of the Corporation
790265	Isle of Rhodes, Inc.

3. Principal office address	City	State	Zip
5 Appleseed Drive	Greenville	RI	02828

4. Business Phone No.	5. State of Incorporation
401-864-2652	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	Vice-President Name
Steve Rocco	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	Director Name
Steve Rocco	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
0097

File Date _____
Check No _____
By _____ 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.

Signature of Authorized Representative — Date: 3/23/14

Steve Rocco, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012