



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 2015

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	State RI	Zip 02860	
4. Business Phone No. (401) 374-5041		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island MARBLE & GRANITE CONTRACTING BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name TONY D. ROCHA			Vice-President Name ERIC E. ROCHA		
Street Address 160 FIRST STREET			Street Address 75 ORLO AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name TONY D. ROCHA			Treasurer Name TONY D. ROCHA		
Street Address 160 FIRST STREET			Street Address 160 FIRST STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 PROVIDENCE	State RI	Zip 02914
Director Name KEVIN E. ROCHA			Director Name NONE		
Street Address 160 FIRST STREET			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
9. SHARES AUTHORIZED					
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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1,000 SHARES		COMMON		NO PAR	

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

Check No.

By

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 14 2015

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A.A.

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.

Tony D. Rocha
Signature of Authorized Representative

01/22/2015

Date

TONY D. ROCHA

President

Print or Type Name of Authorized Representative

PAID
CR #1538