

State of Rhode Island and Providence Plantations

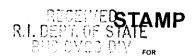
Department of State - Business Services Division

Annual Report for the year: 2016 - amended Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1



2016 NOV 21 PM 12: 11

Entity ID Number	2. Exact nam	e of the	e Corporation					
~~ 59 000	Peck Rock	Asso	ciates, Inc					
3. Principal Office Addres	s			City		State	Zip	
28 Oyster Point				Warren		RI	02885	
4. Business Phone Number 401-289-3757				5. State of Incorporation RI				
								6. Brief description of the
Promotional Product	Sales							
7. List ALL officers (names	s and addresses)			···.	Check	the box to ind	icate an attachment	
President Name Katherine Waite Street Address 28 Oyster Point				Vice-President Na	Vice-President Name			
				Street Address				
City Warren	State RI		^{Zip} 02885	City		State	Zip	
Secretary Name				Treasurer Name				
Street Address				Street Address				
Dity	State	State Zip		City		State Zip		
3. List ALL directors (name	s and addresses)				Check t	he hay to indic	cate an attachment	
Director Name Katherine	Waite			Director Name		box to man	oute an attachment E	
Street Address 28 Oyster Point				Street Address				
City Warren	State RI	Zip		City		State	Zip	
	RI		02885					
AUBADED			10. Shares is					
This information is currently of record in the Department of State.			NUMBER OF SHARES C		CLASS/SERIES	,	PAR VALUE	
•			100				$\mathcal{O}_{}$	
Changes require an additional filing.				Ì				
1. This report must be exe	cuted on behalf o	f the co	rporation by a	n authorized repres	sentative. If the corp	oration is in t	he hands of a receive	
r trustee, this report must	<u>be executed on be</u>	ehalf of	the corporation	n by the receiver or	r trustee.			
nder penalty of perjury, tatements, and that all s	i deciare and atti tatements contai	rm tha ned he	it i have exam Prein are true	ined this report, ii and correct	ncluding any acco	mpanying so	chedules and	
ame of Authorized Repres			in constant to to to to	and correct.		Date	-	
Katherine Waite						10/18/2016		
ignature of Authorized Re	presentative							
Lathen	Warto		SIGN DO	CUMENT HER	Œ			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 2 1 2016

BY_Le___

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

