



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.

RECEIVED STAMP  
R.I. DEPT. OF STATE  
BUS. SVCS. DIV. FOR

2016 NOV 21 PM 12:11

1. Entity ID Number <b>59000</b>		2. Exact name of the Corporation <b>Peck Rock Associates, Inc</b>												
3. Principal Office Address <b>28 Oyster Point</b>		City <b>Warren</b>		State <b>RI</b>	Zip <b>02885</b>									
4. Business Phone Number <b>401-289-3757</b>		5. State of Incorporation <b>RI</b>												
6. Brief description of the character of business conducted in Rhode Island <b>Promotional Product Sales</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Katherine Waite</b>			Vice-President Name											
Street Address <b>28 Oyster Point</b>			Street Address											
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Katherine Waite</b>			Director Name											
Street Address <b>28 Oyster Point</b>			Street Address											
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City	State	Zip									
9. Shares Authorized  This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td><b>100</b></td><td></td><td><b>D</b></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>		<b>D</b>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
<b>100</b>		<b>D</b>												
11. 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. <b>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.</b>														
Name of Authorized Representative <b>Katherine Waite</b>				Date <b>10/18/2016</b>										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										

FILED

12:11

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 21 2016

BY

FORM 630 - Revised: 05/2016



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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*

