



**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 2017**

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. <b>94209</b>		2. Exact name of the Corporation <b>Rock's Liquor Store, Inc.</b>		
3. Principal office address <b>558 Admiral Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. Business Phone No. <b>401-861-9080</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To own, operate and maintain a package store.</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>				
President Name <b>Robert J. Rocchio</b>		Vice-President Name <b>None</b>		
Street Address <b>329 Tiogue Avenue</b>		Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State <b>RI</b>
Secretary Name <b>Robert J. Rocchio</b>		Treasurer Name <b>Robert J. Rocchio</b>		
Street Address <b>329 Tiogue Avenue</b>		Street Address <b>329 Tiogue Avenue</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>				
Director Name <b>Robert J. Rocchio</b>		Director Name		
Street Address <b>329 Tiogue Avenue</b>		Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State <b>RI</b>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>				
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.				
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>				
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
500		COMMON	NONE	

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.

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.

**FILED**  
 MAR 03 2017  
 2254

Signature of Authorized Representative: *[Signature]*  
 Date: **2-21-17**  
 Print or Type Name of Authorized Representative: **Robert J. Rocchio, President**

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 Form No. 630  
 Revised: 01/2012