



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. 94209		2. Exact name of the Corporation Rock's Liquor Store, Inc.		
3. Principal office address 558 Admiral Street		City Providence	State RI	Zip 02908
4. Business Phone No. 401-861-9080		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To own, operate and maintain a package store.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
President Name Robert J. Rocchio		Vice-President Name None		
Street Address 329 Tiogue Avenue		Street Address		
City Coventry	State RI	Zip 02816	City	State RI
Secretary Name Robert J. Rocchio		Treasurer Name Robert J. Rocchio		
Street Address 329 Tiogue Avenue		Street Address 329 Tiogue Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
Director Name Robert J. Rocchio		Director Name		
Street Address 329 Tiogue Avenue		Street Address		
City Coventry	State RI	Zip 02816	City	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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	
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**
 Robert J. Rocchio, President
 Print or Type Name of Authorized Representative

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 Form No. 630
 Revised: 01/2012