



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 31422	2. Exact name of the Corporation ROSKAP, INC.
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3. Principal Office Address 1200 Broad Street	City Providence	State RI	Zip 02905
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4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island Jewelry
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Francis Parente, Jr.			Vice-President Name Francis Parente, Jr.		
Street Address Ten Carolyn Drive			Street Address Ten Carolyn Drive		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Francis Parente, Jr.			Treasurer Name Francis Parente, Jr.		
Street Address Ten Carolyn Drive			Street Address Ten Carolyn Drive		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Francis Parente, Jr.			Director Name Robert D. Fine		
Street Address Ten Carolyn Drive			Street Address 470 Cole Avenue		
City West Warwick	State RI	Zip 02893	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000 shs	Common	No par value

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.

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.

Name of Authorized Representative Francis Parente, Jr.	Date 3-8-17
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Signature of Authorized Representative

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED *02*
MAR 15 2017
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