

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 74546		2. Exact name of the Corporation R.O.C. Corp			
3. Principal Office Address 24 Old Simmonsville Road		City Johnston		State RI	Zip 02919
4. NAICS Code 53 - Real Estate and Per		6. Brief description of the character of business conducted in Rhode Island Real Estate Holding Company And Manage Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES ROCCHIO			Vice-President Name ROBERT J ROCCHIO JR		
Street Address 24 OLD SIMMONSVILLE ROAD			Street Address 24 OLD SIMMONSVILLE RD		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name ROBERT J ROCCHIO JR			Treasurer Name JAMES ROCCHIO		
Street Address 24 OLD SIMMONSVILLE ROAD			Street Address 24 OLD SIMMONSVILLE RD		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		CNP		\$0.000	
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 ROBERT J ROCCHIO JR					Date 4/17/17
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

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