



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

Annual Report for the year: 2018
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 149895		2. Exact name of the Corporation ROCHA MARBLE & GRANITE, INC.			
3. Principal Office Address 49 MIDDLE STREET			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island MARBLE & GRANITE CONTRACTING BUSINESS			
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 ERIC E. ROCHA			Vice-President Name CHRISTIN M. ROCHA		
Street Address 83 SWEETBRIAR AVENUE			Street Address 83 SWEETBRIAR AVENUE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name ERIC E. ROCHA			Treasurer Name ERIC E. ROCHA		
Street Address 83 SWEETBRIAR AVENUE			Street Address 83 SWEETBRIAR AVENUE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ERIC E. ROCHA			Director Name CHRISTIN M. ROCHA		
Street Address 83 SWEETBRIAR AVENUE			Street Address 83 SWEETBRIAR AVENUE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Director Name N/A			Director Name N/A		
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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000 SHARES		COMMON
			PAR VALUE		NO PAR
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. <i>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.</i>					
Name of Authorized Representative ERIC E. ROCHA (President)					Date January 3, 2018
Signature of Authorized Representative SIGN DOCUMENT HERE					

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

FILED

JAN 03 2018

BY CM 321072