



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 **2018**

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. 21665		2. Exact name of the Corporation Rock's Bar Incorporated (722410)			
3. Principal office address 451 Prospect St.			City Pawtucket	State RI	Zip 02861
4. Business Phone No. 401-726-8988			5. State of Incorporation R.I.		
6. Brief description of the character of business conducted in Rhode Island Operation of tavern.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Raymond J. Lambert			Vice-President Name Raymond J. Lambert		
Street Address 12128 N. Fox Den Drive			Street Address 12128 N. Fox Den Drive		
City Knoxville	State TN	Zip 37934	City Knoxville	State TN	Zip 37934
Secretary Name Raymond J. Lambert			Treasurer Name Raymond J. Lambert		
Street Address 12128 N. Fox Den Drive			Street Address 12128 N. Fox Den Drive		
City Knoxville	State TN	Zip 37934	City Knoxville	State TN	Zip 37934
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			8,000	Common.	\$1.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY _____

FILED

FEB 26 2018

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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.

Signature of Authorized Representative

Raymond J. Lambert

Print or Type Name of Authorized Representative

12/27/17
Date