



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

Annual Report for the year: 2018  
 Corporation

**AMENDED**

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

RECEIVED  
 DEPARTMENT OF STATE  
 BUSINESS DIVISION  
 218 MAR 11 1:42 PM

1. Entity ID Number 000134478		2. Exact name of the Corporation Rough Brothers, Inc.			
3. Principal Office Address 3556 Lakeshore Road		City Buffalo		State NY	Zip 14219
4. NAICS Code 332311	6. Brief description of the character of business conducted in Rhode Island Greenhouse construction				
5. State of Incorporation Ohio					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name William L. Victas			Vice-President Name Jeffrey J. Watorek		
Street Address 3556 Lakeshore Road			Street Address 3556 Lakeshore Road		
City Buffalo	State NY	Zip 14219	City Buffalo	State NY	Zip 14219
Secretary Name Jeffrey J. Watorek			Treasurer Name Jeffrey J. Watorek		
Street Address 3556 Lakeshore Road			Street Address 3556 Lakeshore Road		
City Buffalo	State NY	Zip 14219	City Buffalo	State NY	Zip 14219
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Timothy F. Murphy			Director Name		
Street Address 3556 Lakeshore Road			Street Address		
City Buffalo	State NY	Zip 14219	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			850	Common	0.0000000
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 Jeffrey J. Watorek, VP, Secretary & Treasurer				Date 3/8/18	
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.ri.gov

**FILED**  
 MAR 09 2018  
 BY   
 FORM 630 - Revised: 02/2017



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

March 09, 2018 01:42 PM

The signature is written in a fluid, cursive style in blue ink. It clearly shows the first letters of the first and last names, "N" and "G", and the middle initial "M".

Nellie M. Gorbea  
*Secretary of State*

