



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.

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) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name William L. Vietas			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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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		
			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
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Website: www.sos.ri.gov