



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 SEP 17 PM 1:02

**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 001677892		2. Exact name of the Corporation Roffe Enterprises, Inc.			
3. Principal Office Address 438 N Fredenck Ave, Suite 200A			City Gaithersburg	State MD	Zip 20977
4. NAICS Code 524298		6. Brief description of the character of business conducted in Rhode Island Medical records review			
5. State of Incorporation Maryland					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Bruce D. Roffe			Vice-President Name Roberta Roffe		
Street Address 438 N. Frederick Ave, Suite 200A			Street Address 438 N. Frederick Ave, Suite 200A		
City Gaithersburg	State MD	Zip 20877	City Gaithersburg	State MD	Zip 20877
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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
		1000			\$1.00
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. <b>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.</b>					
Name of Authorized Representative Bruce D. Roffe					Date 09/06/2018
Signature of Authorized Representative 					

**FILED**

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

SEP 17 2018 1:00  
 BY KL E Joda