



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.

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

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|--|-------------|---|----------------------|--------------|--------------------|
| 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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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) Check the box to indicate an 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 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 | 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. 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 Bruce D. Roffe | | | | | Date 09/06/2018 |
| Signature of Authorized Representative | | | | | |

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

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BY KL E 7000

FORM 630 - Revised: 10/2017