



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

**Annual Report for the year: 2019**  
**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 <b>69808</b>		2 Exact name of the Corporation <b>MIKE AND JOHN, INC</b>			
3 Principal Office Address <b>1475 MAIN STREET</b>			City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
4 NAICS Code <b>53 MD</b>		6 Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE INVESTMENT</b>			
5 State of Incorporation <b>RHODE ISLAND</b>					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MICHAEL G. ROCH</b>			Vice-President Name <b>JOHN P. ROCH</b>		
Street Address <b>64 OUTLET ROAD</b>			Street Address <b>1475 MAIN STREET</b>		
City <b>HALLOWELL</b>	State <b>ME</b>	Zip <b>04347</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>MICHAEL G. ROCH</b>			Treasurer Name <b>JOHN P. ROCH</b>		
Street Address <b>64 OUTLET ROAD</b>			Street Address <b>1475 MAIN STREET</b>		
City <b>HALLOWELL</b>	State <b>ME</b>	Zip <b>04347</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MICHAEL G. ROCH</b>			Director Name <b>JOHN P. ROCH</b>		
Street Address <b>64 OUTLET ROAD</b>			Street Address <b>1475 MAIN STREET</b>		
City <b>HALLOWELL</b>	State <b>ME</b>	Zip <b>04347</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
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		
			<b>200</b>		<b>0</b>
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 <b>JOHN P. ROCH, VICE PRESIDENT</b>				Date <b>1-14-19</b>	
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

**FILED**

**JAN 22 2019**

BY           TAS DS           FORM 630 - Revised: 10/2017