



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

FILED

MAR 06 2019

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.

BY 15892
LOO

1. Entity ID Number 31422		2. Exact name of the Corporation ROSKAP, INC.												
3. Principal Office Address 1200 Broad Street			City Providence	State RI	Zip 02905									
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Jewelry												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Francis Parente, Jr.			Vice-President Name Francis Parente, Jr.											
Street Address Ten Carolyn Drive			Street Address Ten Carolyn Drive											
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893									
Secretary Name Francis Parente, Jr.			Treasurer Name Francis Parente, Jr.											
Street Address 10 Carolyn Drive			Street Address 10 Carolyn Drive											
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Francis Parente, Jr.			Director Name Robert D. Fine											
Street Address 10 Carolyn Drive			Street Address 470 Cole Avenue											
City West Warwick	State RI	Zip 02893	City Providence	State RI	Zip 02906									
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.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:left">NUMBER OF SHARES</th> <th style="text-align:left">CLASS/SERIES</th> <th style="text-align:left">PAR VALUE</th> </tr> <tr> <td>1,000 shs</td> <td>common</td> <td>no par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000 shs	common	no par value			
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1,000 shs	common	no par value												
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 Francis Parente, Jr.					Date 2-21-19									
Signature of Authorized Representative <div style="margin-left: 100px;">SIGN DOCUMENT HERE</div>														