




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

FILED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Corporation

2019 DEC 11 PM 12:03

- 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 000102993		2. Exact name of the Corporation Rhode Rockets, Inc.			
3. Principal Office Address 115A Pratt Street			City Providence	State RI	Zip 02906
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Food Service - Restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lloyd Sugarman			Vice-President Name none		
Street Address 115A Pratt Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Lloyd Sugarman			Treasurer Name Lloyd Sugarman		
Street Address 115A Pratt Street			Street Address 115A Pratt Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lloyd Sugarman			Director Name		
Street Address 115A Pratt Street			Street Address ..		
City Providence	State RI	Zip 02906	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	CNP	\$0.00	
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 <i>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.</i>					
Name of Authorized Representative Stefano G. Caprara, Esq.				Date 12/09/19	
Signature of Authorized Representative 				FILED	
SIGN DOCUMENT HERE					

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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 FORM 630 - Revised: 10/2017