



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 10 2020

BY

1963
JDA

1. Entity ID Number 21694		2. Exact name of the Corporation Rodachar Enterprises, Inc.			
3. Principal Office Address 72 Waterman Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Investment and operations in lodges			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brent Dexter			Vice-President Name Brent Dexter		
Street Address 195 Riverside Drive			Street Address 195 Riverside Drive		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Brent S. Dexter			Treasurer Name Kirk Dexter		
Street Address 122 Allerton Drive			Street Address 35 Shore Drive		
City East Providence	State RI	Zip 02914	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brent Dexter			Director Name Kirk Dexter		
Street Address 195 Riverside Drive			Street Address 35 Shore Drive		
City Riverside	State RI	Zip 02915	City Warren	State RI	Zip 02885
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			103	Comm	No Par
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 Brent Dexter				Date 2/6/20	
Signature of Authorized Representative <i>Brent Dexter</i>					