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 19163

1. Entity ID Number	2. Exact name of the Corporation
21694	Rodachar Enterprises, Inc.

3. Principal Office Address	City	State	Zip
72 Waterman Avenue	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	Investment and operations in lodges
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Brent Dexter			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 ☐

Director Name			Director Name		
Brent Dexter			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 ☐

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	Date
Brent Dexter	2/6/20

Signature of Authorized Representative: Brent Dexter

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov