RI SOS Filing Number: 202189975500 Date: 2/4/2021 4:00:00 PM

Annual Report for the	vear:	2021				• :							
Corporation  → Filing period: January 1 - March 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by April 1.			RECEIVED  R.I. DEPT. OF STATE  BUS SYCS DIV										
									· ·		2021 FE	B-4-A 18	13
							1. Entity ID Number 36938		ne of the Corporation E' ROCK 'N ROLL				
	LICAPE	E ROCK IN ROLL			ICtoto								
3. Pnncipal Office Address 84 LITTLEFIELD STREET			City   PAWTUCKE	T	State	Zip 02861							
4. NAICS Code		ription of the chara				02001							
711410		·											
5. State of Incorporation	PROFISS	PROFESSIONAL MUSICAL ENTERTAINMENT SERVICES											
RHODE ISLAND													
7. List ALL officers (names and	d addresses)			Che	ck the box to ind	icate an attachment							
President Name EDMUND F. BROADLEY III			Vice-President Name VACANT										
Street Address			Street Address										
P. O. BOX 712		·											
<sup>City</sup> PAWTUCKET	State RI	Zip 02862	City		State	Zip							
Secretary Name SAME	<b>i</b>		Treasurer Name SAME		<u></u>	<u></u>							
Street Address			Street Address										
oneet radiess													
City	State	Zip	City		State	Zip							
8. List ALL directors (names a	nd addresses)			Che	eck the box to ind	licate an attachment							
Director Name	Director Name												
Street Address			Street Address										
0.1	10: :	···	0:1	<u>.</u>	IGA-A-	19:5							
City	State	Zip	City		State	Zip							
Director Name			Director Name										
Street Address			Street Address										
City	State	Zip	Crty		State	Zip							
9. Shares Authorized		10. Shares Is				licate an attachment							
This information is currently of Department of State.	record in the	NUMBER	OF SHARES	CLASS/SE	ERIES	PAR VALUE							
Changes require an additional filing.			3(X)			NO VALUE							
Chantas radona su andrichian	ming.												
11. This report must be execu					orporation is in the	e hands of a receiver o							
trustee, this report must be ex Under penalty of perjury, I d	ecuted on benaif of feclare and affirm	that I have exami	y the receiver or tru ned this report, in	stee. cluding any ac	companying sch	nedules and							
statements, and that all stat Name of Authorized Represer	tements contained				Date								
EDMUND F. BROADLEY III					Date	02/04/2021							
Signature of Authorized Repre						<u> </u>							
Olgilatule of Authorized Repre			FILEC	)									

FORM 630 - Revised: 08/2020

Phone: (401) 222-3040

Website: www.sos.n.gov