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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 17 2021
BY AL 1428

Annual Report for the year: 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.

1. Entity ID Number	2. Exact name of the Corporation			
2934	BROOK ROCK Company, Ltd.			
3. Principal Office Address		City	State	Zip
2625 C Comdr. Perry Highway		Wakefield	R.I.	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	RENTAL REAL ESTATE			
5. State of Incorporation				
Rhode Island				

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

President Name			Vice-President Name		
ALICE M. FREED			CHRISTOPHER J. FREED		
Street Address			Street Address		
2625 C Comdr. Perry Hwy			2625 C Comdr. Perry Hwy		
City	State	Zip	City	State	Zip
Wakefield	R.I.	02879	Wakefield	R.I.	02879
Secretary Name			**Treasurer Name**		
CHRISTOPHER J. FREED			ALICE M. FREED		
Street Address			Street Address		
2625 C Comdr. Perry Hwy			2625 C Comdr. Perry Hwy		
City	State	Zip	City	State	Zip
Wakefield	R.I.	02879	Wakefield	R.I.	02879

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

Director Name			Director Name		
ALICE M. FREED			CHRISTOPHER J. FREED		
Street Address			Street Address		
2625 C Comdr. Perry Hwy			2625 C Comdr Perry Hwy		
City	State	Zip	City	State	Zip
Wakefield	R.I.	02879	Wakefield	R.I.	02879
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 ☐		
This information is currently of record in the Department of State. 600 Common no par value **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	400	Common	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
ALICE M. FREED	MARCH 1, 2021

Signature of ~~Authorized Representative~~: Alice M. Freed

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020