



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 07 2023

BY 20615
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| | | | | | |
|--|-------------|---|--|----------------|--------------|
| 1. Entity ID Number 000020261 | | 2. Exact name of the Corporation Rhodes On The Pawtuxet, Inc. | | | |
| 3. Principal Office Address 60 Rhodes Place | | City Cranston | | State RI | Zip 02905 |
| 4. NAICS Code 722320 | | 6. Brief description of the character of business conducted in Rhode Island Rental of business property - Banquet Facility | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Robert Williams | | | Vice-President Name Jim Marszalek | | |
| Street Address 109 Francis Avenue | | | Street Address 15 Silver Cup Circle | | |
| City Pawtucket | State RI | Zip 02860 | City West Warwick | State RI | Zip 02893 |
| Secretary Name Frank Knight | | | Treasurer Name John Werchadlo | | |
| Street Address 3269 West Shore Road | | | Street Address 29 Vincent Way | | |
| City Warwick | State RI | Zip 02886 | City Cranston | State RI | Zip 02921 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Robert Williams | | | Director Name Jim Marszalek | | |
| Street Address 109 Francis Avenue | | | Street Address 15 Silver Cup Circle | | |
| City Pawtucket | State RI | Zip 02860 | City West Warwick | State RI | Zip 02893 |
| Director Name Frank Knight | | | Director Name John Werchadlo | | |
| Street Address 3269 West Shore Road | | | Street Address 29 Vincent Way | | |
| City Warwick | State RI | Zip 02886 | City Cranston | State RI | Zip 02921 |
| 9. Shares Authorized 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. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | PAR VALUE | | | |
| | | 500 | Common | No Par Value | |
| 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 ROBERT H. WILLIAMS | | | | Date 2/1/23 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov