



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Corporation

2023

FEB 21 2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1401

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1. Entity ID Number 2934		2. Exact name of the Corporation Brook Rock Company, Ltd.												
3. Principal Office Address 2625 C Comdr. PERRY Hwy			City Wakefield	State R.I.	Zip 02879									
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Rental Real Estate												
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 ALICE M. FREED			Vice-President Name CHRISTOPHER J. FREED											
Street Address 2625 C Comdr. PERRY Hwy			Street Address 2625 C Comdr. PERRY Hwy											
City Wakefield	State R.I.	Zip 02879	City Wakefield	State R.I.	Zip 02879									
Secretary Name CHRISTOPHER J. FREED			Treasurer Name ALICE M. FREED											
Street Address 2625 C Comdr. PERRY Hwy			Street Address 2625 C Comdr. PERRY Hwy											
City Wakefield	State R.I.	Zip 02879	City Wakefield	State R.I.	Zip 02879									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name ALICE M. FREED			Director Name CHRISTOPHER J. FREED											
Street Address 2625 C Comdr. PERRY Hwy			Street Address 2625 C Comdr. PERRY Hwy											
City Wakefield	State R.I.	Zip 02879	City Wakefield	State R.I.	Zip 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 <input type="checkbox"/>											
This information is currently of record in the Department of State. 600 Common no PAR value. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>400</td> <td>Common</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	400	Common	NO PAR			
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 ALICE M. FREED				Date February 14, 2023										
Signature of Authorized Representative <i>Alice M. Freed</i>														

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: 2/2023