State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual	Report	for the	year:	2023
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Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

MAR	01	2023
BY L	04	35

1. Entity ID Number	2. Exact nam	ne of the Corporatio	n		_	<i>V</i> 3		
21639		M.J. ROCH REALTY, INC.						
3. Principal Office Address			City		State	Zip		
438 WASHINGTON STREET			COVENTR	Y	RI	02816		
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
531390	REAL EST	REAL ESTATE AND RENTAL AND LEASING						
5. State of Incorporation								
RHODE ISLAND								
7. List ALL officers (names ar	nd addresses)			Chec	k the box to i	ndicate an attachment		
President Name JAMES R. ROCH			Vice-President Name GERALD M. ROCH					
Street Address 438 WASHINGTON STREET			Street Address 438 WASHINGTON STREET					
City COVENTRY	State RI	Zip 02816	City COVEN	ITRY	State RI	^{Zip} 02816		
Secretary Name JAMES R. RO	DCH	i	Treasurer Name GERALD M. ROCH			<u>I</u>		
Street Address 438 WASHINGTON STREET			Street Address 438 WASHINGTON STREET					
City COVENTRY	State RI	Z ₁ p 02816	City COVENTRY		State Ri	^{Zıp} 02816		
8. List ALL directors (names a	and addresses)			Chec	k the box to	indicale an attachment		
Director Name			Director Nam	e				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	. · · · · · · · · · · · · · · · · · · ·	State	Zıp		
9. Shares Authorized		10. Shares Is:	sued	Chec	k the box to	indicale an attachment		
This information is currently of record in the		NUMBER OF SHARES			Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		100		COMMON		NONE		
		900		COMMON		NONE		
11. This report must be execu	uted on behalf of the	corporation by an	authorized repre	esentative. If the corp	oration is in	the hands of a receiver or		
trustee, this report must be e Under penalty of perjury, I	xecuted on behalf o	I the corporation by	the receiver or t	trustee.	mnanvina :	schodulas and		
statements, and that all sta	<u>itements c</u> ontained	<u>l herein are true al</u>	nd correct.	molumny any acco	mpanying s	ocuannias ailū		
Name of Authorized Represe		Date						
JAMES R. ROCH, PRESIDE		01/04/2023						
Signature of Authorized Repr			·		· · · · · · · · · · · · · · · ·			
Jam R.	1ld-	5h AV 500	CHENTH	. ; XI				
MAIL TO:								

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

Website: www.sos n.gov