RI SOS Filing Number: 202331742860 Date: 3/24/2023 4:00:00 PM

State of Rhode Island Department of St	. FILED						
Annual Report for the year: 2023 Corporation			MAR 24, 2023				
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 			BY 1001				
1. Entity ID Number 001714611		2. Exact name of the Corporation ROJ Inc.					
Principal Office Address 2275 Warwick Avenue			City Warwick		State RI	Z _{ip} 02889	
4. NAICS Code	6. Brief descri	6. Brief description of the character of business conducted in Rho					
424460	operation	operation of retail seafood market					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an atta						dicate an attachment	
President Name Muzaffer Coskun			Vice-President Name Mehmet Akbas				
Street Address 2275 Warwick Avenue			Street Address 2275 Warwick Avenue				
^{City} Warwick	State RI	^{Zip} 02889	City Warwio		State RI	^{Zip} 02889	
Secretary Name Mehmet Akbas			Treasurer Name Muzaffer Coskun				
Street Address 2275 Warwick Avenue			Street Address 2275 Warwick Avenue				
^{City} Warwick	State RI	^{Zıp} 02889	^{City} Warwick		State RI	Z _{IP} 02889	
8. List ALL directors (names and	addresses)			Check th	ne box to in	idicate an attachment	
Director Name Muzaffer Coskun			Director Name Mehmet Akbas				
Street Address 2275 Warwick Avenue			Street Address 2275 Wawick Avenue				
^{City} Warwick	State RI	^{Zip} 02889	^{City} Warwick		State RI	^{Z_{ip}} 02889	
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 CLASS/SERIES PAR VALUE		
This Information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES			
						no par value	
11. This report must be executed	on behalf of the	corporation by an a	uthorized repres	entative. If the corpora	tion is in th	ne hands of a receiver or	
trustee, this report must be execu Under penalty of perjury, I deci-	are and affirm ti	nat I have examine	d this report, in	ustee n <mark>cluding any accom</mark> p	anying sc	hedules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	1 .	
Muzaffer Coskun, President					3	120/23 0	
Signature of Authorized Represer	Maffiela	ly				V	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov