



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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|                                                                                                                                                                                                                                                   |                    |                                                                                                  |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------|-----------------------------|
| 1. Entity ID Number<br><b>1705673</b>                                                                                                                                                                                                             |                    | 2. Exact name of the Corporation<br><b>SOLID ROCK CONSULTANT INC</b>                             |                             |
| 3. Principal Office Address<br><b>56 OLD OAK AVENUE</b>                                                                                                                                                                                           |                    | City<br><b>CRAVSTON</b>                                                                          | State<br><b>R.I</b>         |
| 4. NAICS Code<br><b>621610</b>                                                                                                                                                                                                                    |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>CARE GIVEN</b> |                             |
| 5. State of Incorporation<br><b>RI</b>                                                                                                                                                                                                            |                    |                                                                                                  |                             |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                    |                    |                                                                                                  |                             |
| President Name<br><b>ABIODUN ADEOYE</b>                                                                                                                                                                                                           |                    | Vice-President Name                                                                              |                             |
| Street Address<br><b>56 OLD OAK AVENUE</b>                                                                                                                                                                                                        |                    | Street Address                                                                                   |                             |
| City<br><b>CRAVSTON</b>                                                                                                                                                                                                                           | State<br><b>RI</b> | Zip<br><b>02920</b>                                                                              |                             |
| Secretary Name                                                                                                                                                                                                                                    |                    | Treasurer Name                                                                                   |                             |
| Street Address                                                                                                                                                                                                                                    |                    | Street Address                                                                                   |                             |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                              |                             |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                   |                    |                                                                                                  |                             |
| Director Name                                                                                                                                                                                                                                     |                    | Director Name                                                                                    |                             |
| Street Address                                                                                                                                                                                                                                    |                    | Street Address                                                                                   |                             |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                              |                             |
| Director Name                                                                                                                                                                                                                                     |                    | Director Name                                                                                    |                             |
| Street Address                                                                                                                                                                                                                                    |                    | Street Address                                                                                   |                             |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                              |                             |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                          |                    |                                                                                                  |                             |
| This information is currently of record in the Department of State.                                                                                                                                                                               |                    | 10. Shares Issued                                                                                |                             |
| Changes require an additional filing.                                                                                                                                                                                                             |                    | NUMBER OF SHARES<br><b>0</b>                                                                     | CLASS/SERIES<br><b>0.00</b> |
| 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<br><b>ABIODUN ADEOYE</b>                                                                                                                                                                                        |                    | Date<br><b>4/11/2023</b>                                                                         |                             |
| Signature of Authorized Representative<br>                                                                                                                                                                                                        |                    | FILED                                                                                            |                             |

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