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.

FILED

APR 1 2 2023 BY 23 74

195

1. Entity ID Number	2. Exact name of the Corporation								
1 138796	ROCK N ROLL IMPORTS			INC					
3. Principal Office Address				City			State	Zip	
14220 BARBOUR AVE				OKLAHOMA CITY			OK	73134	
4 NAICS Code 6. Brief description of the character of business conducted in Rhode Island									
424800									
5. State of Incorporation	te of Incorporation								
OK DISTILLED SPIRITS									
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name				Vice-President Name					
Street Address				Street Address					
Crty	State	Zip		City		State		Zip	
Secretary Name				Treasurer Name					
Street Address				Street Address					
City	State Zip			City		State		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name				Director Name					
Street Address				Street Address					
City	State Zip			City		State		Zip	
Director Name				Director Name					
Street Address				Street Address					
City	State	e Zip		City		State		Zıp	
9. Shares Authorized			10. Shares Issued		Che	eck the box	x to indica	ate an attachment	
This information is currently of record in the Department of State.					CLASS/SERI	RIES PAR VALUE		PAR VALUE	
			2440					1	
Changes require an additional filing.					-				
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 Out									
Signature of Authonzed Representative									
ROBERT GARY									

MAIL TO:

Division of Business Services

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

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