



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

 REC'D RIDOS BSD
24 JUN 26 AM 10:41:04

1. Entity ID Number <u>149191</u>			2. Exact name of the Corporation <u>D. Rocco & Sons Inc</u>		
3. Principal Office Address <u>28 Anna Olivo Ct.</u>			City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>
4. NAICS Code <u>561730</u>		6. Brief description of the character of business conducted in Rhode Island <u>Landscaping</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Edward D. Rocco Sr</u>			Vice-President Name <u>Edward D. Rocco Sr.</u>		
Street Address <u>28 Anna Olivo Ct</u>			Street Address <u>28 Anna Olivo Ct.</u>		
City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>
Secretary Name <u>Edward D. Rocco Sr</u>			Treasurer Name <u>Edward D. Rocco Sr</u>		
Street Address <u>28 Anna Olivo Ct</u>			Street Address <u>28 Anna Olivo Ct</u>		
City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 <u>Edward D. Rocco Sr</u>				Date <u>6-26-24</u>	
Signature of Authorized Representative <u>[Signature]</u>				FILED JUN 26 2024 BY <u>2WEAT</u>	