



State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year: 2025  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

DEC 16 2024

BY

1743  

1. Entity ID Number 001683775		2. Exact name of the Corporation Rock-A-Baby, Inc.			
3. Principal Office Address 63 Carriage Drive		City Lincoln		State RI	Zip 02865
4. NAICS Code 711510	6. Brief description of the character of business conducted in Rhode Island Music education classes and events for infants and toddlers and retail sales of various musical toys for children				
5. State of Incorporation NY					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Marc Trachtenberg			Vice-President Name Marc Trachtenberg		
Street Address 63 Carriage Drive			Street Address 63 Carriage Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Marc Trachtenberg			Treasurer Name Marc Trachtenberg		
Street Address 63 Carriage Drive			Street Address 63 Carriage Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	
		200		Common	
				PAR VALUE	
				\$1.00	
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. <b>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.</b>					
Name of Authorized Representative Marc Trachtenberg					Date 12/12/24
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021