



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000156700		2. Name of Corporation J.D. DEROSA ENTERPRISES, INC.			
3. Street Address Principal Business Office 14 MONMOUTH DRIVE			City RIVERSIDE	State RI	Zip 02915
4. Business Phone No. 401-413-4943		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DIEP DEROSA			Vice President Name JASON DEROSA		
Street Address 14 MONMOUTH DRIVE			Street Address 14 MONMOUTH DRIVE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name DIEP DEROSA			Treasurer Name JASON DEROSA		
Street Address 14 MONMOUTH DRIVE			Street Address 14 MONMOUTH DRIVE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
Number of Shares 50000	Class/Series CNP	Par Value 0.00	Number of Shares 50000	Class/Series CNP	Par Value 0.00
			THIS SECTION MUST BE COMPLETED		

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.

File Date	FILED
Check No.	MAY 26 2008
By	6470 826975
FOR SECRETARY OF STATE USE ONLY	

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.

Signature Jason Derosa Date 3/17/08
Print or Type Name Jason Derosa
Title President