



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** 2009

**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. 000375111		2. Name of Corporation Rose Garden Restaurant Corporation			
3. Street Address Principal Business Office 245 Reservoir Avenue			City Providence	State RI	Zip 02907
4. Business Phone No. 401-467-2404		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Restaurant					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kimseng Kien			Vice President Name none		
Street Address 245 Reservoir Avenue			Street Address N/A		
City Providence	State RI	Zip 02907	City N/A	State N/A	Zip N/A
Secretary Name None			Treasurer Name None		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			0	N/A	N/A
			0	N/A	N/A

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. **FEB 04 2009**

By: 931

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 Kimseng Kien Date 2/3/09

Print or Type Name  
**Kimseng Kien**

Title  
**Proprietor**