



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 138162		2. Name of Corporation ROSA'S SUNSHINE LOUNGE, LTD.			
3. Street Address Principal Business Office 110 SCHOOL STREET			City PAWTUCKET	State RI	Zip 02861
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PURCHASE AND SELL AT WHOLESALE AND RETAIL ALL TYPES OF FOOD AND LIQUOR					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MANUEL D. ROSA			Vice President Name NONE		
Street Address 93 CHANDLER AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Secretary Name MANUEL D. ROSA			Treasurer Name MANUEL D. ROSA		
Street Address 93 CHANDLER AVENUE			Street Address 93 CHANDLER AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MANUEL D. ROSA			Director Name		
Street Address 93 CHANDLER AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 100	Class/Series COMMON	Par Value NO PAR VALUE

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.

FILED

File Date
MAR 30 2009

Check No.
4783

By
4783

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
MANUEL D. ROSA

Date
02-17-09

Print or Type Name
PRESIDENT

Title
P. R.