



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 2010

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. 110859		2. Name of Corporation Ana-Rose, Inc.			
3. Street Address Principal Business Office 6 Austin Avenue			City Greenville	State RI	Zip 02828
4. Business Phone No. (401) 949-0060		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A FOOD SERVICE AND RESTAURANT.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William F. Andreozzi			Vice President Name Paula Marie Andreozzi		
Street Address 6 Austin Avenue			Street Address 6 Austin Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name William F. Andreozzi			Treasurer Name Paula Marie Andreozzi		
Street Address 6 Austin Avenue			Street Address 6 Austin Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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		
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 ("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 <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value None

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.	SEP 16 2010
By:	CL 126595
BY <u>FOR SECRETARY OF STATE USE ONLY</u>	

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 William F. Andreozzi Date 9/15/2010
Print or Type Name
President
Title