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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 · **This report must be typed or printed legibly.**
Filing Fee: $50.00 · **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
22074	Rose Enterprise, Inc

3. Principal office address	City	State	Zip
1005 Roslyn Rd	Block Island	RI	02807

4. Business Phone No.	5. State of Incorporation
(401) 378-8538	Rhode Island

6. Brief description of the character of business conducted in Rhode Island: General Contractor

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Robert E Rose	Judith B. Rose
Street Address: 1005 Roslyn Rd	Street Address: 1041 Roslyn Rd
City: Block Island State: RI Zip: 02807	City: Block Island State: RI Zip: 02807
Secretary Name	**Treasurer Name**
Robert E Rose	Judith B. Rose
Street Address: 1005 Roslyn Rd	Street Address: 1041 Roslyn Rd
City: Block Island State: RI Zip: 02807	City: Block Island State: RI Zip: 02807

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
none	none
Street Address	Street Address
City State Zip	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.	**NUMBER OF SHARES**	**CLASS/SERIES**	**PAR VALUE**
8000 common No Par Value	200	Common	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 _____ FEB 27 2012

By: _____ By mne

FOR SECRETARY OF STATE USE ONLY CA# 21639

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.

Judith B. Rose 2-23-12
Signature of Authorized Representative Date

Judith B. Rose
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012 73813-3-731224