



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. 59973		2. Exact name of the Corporation B. Rose and Sons, INC	
3. Principal office address 1005 Roslyn Rd		City Block Island	State RI
		Zip 02807	
4. Business Phone No. (401) 466-2034		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Gravel pit - depleted			

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

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

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

Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		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.			
No par Value		8 000 common	
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
100	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.

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY **CL # 1387**

FEB 27 2012

By: **Judith B. Rose**

Signature of Authorized Representative

Date **1-23-12**

Judith B. Rose

Print or Type Name of Authorized Representative