



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. <b>119919</b>		2. Exact name of the Corporation <b>ROSS HILL DEVELOPMENT, INC.</b>			
3. Principal office address <b>81 Ross Hill Road</b>			City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
4. Business Phone No.			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Generally engage in the business of real estate development, including commercial storage or auto and junk yard operation</b>					
President Name <b>John M. Rosa, IV</b>			Vice-President Name <b>Charlene D. Rosa</b>		
Street Address <b>81 Ross Hill Road</b>			Street Address <b>81 Ross Hill Road</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
Secretary Name <b>Charlene D. Rosa</b>			Treasurer Name <b>John M. Rosa, IV</b>		
Street Address <b>81 Ross Hill Road</b>			Street Address <b>81 Ross Hill Road</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
Director Name <b>John M. Rosa, IV</b>			Director Name <b>Charlene D. Rosa</b>		
Street Address <b>81 Ross Hill Road</b>			Street Address <b>81 Ross Hill Road</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
Director Name			Director Name		
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
			100	Common	No par

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 \_\_\_\_\_  
 Checked by \_\_\_\_\_  
 By \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
 MAR 06 2012  
 2050

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.

*John M. Rosa, IV*      2/24/2012  
 Signature of Authorized Representative      Date

**John M. Rosa, IV**  
 Print or Type Name of Authorized Representative