



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. 125922		2. Exact name of the Corporation REBEKAH - ROSE Inc.		
3. Principal office address 29 Reservoir Rd.		City N. Smithfield (mailing) LINCOLN	State RI	Zip 02865
4. Business Phone No. (401) 766-5873		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island The holding of Parents AND their MARKETING in the medical supply field.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name REBEKAH ROSE SADLOW		Vice-President Name Joseph William Jerominek		
Street Address 29 Reservoir Rd.		Street Address 29 Reservoir Rd.		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI
Zip 02865	Secretary Name REBEKAH ROSE SADLOW		Treasurer Name Joseph William Jerominek	
Street Address 29 Reservoir Rd		Street Address 29 Reservoir Rd		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI
Zip 02865	8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		9. SHARES AUTHORIZED	
Director Name		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Street Address		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
City	State	Zip	none	
Director Name		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.		
Street Address				
City	State	Zip		

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 CORPORATIONS DIV
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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 _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY BY **165604**

FILED

MAR 06 2012

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.

Rebekah Rose Sadlow 3/6/12
 Signature of Authorized Representative Date

REBEKAH ROSE SADLOW (president)
 Print or Type Name of Authorized Representative