



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 **2013**

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. 59974		2. Exact name of the Corporation Rose Farm Inn Rentals, 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 Seasonal Country Inn					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert E Rose			Vice-President Name Judith B. Rose		
Street Address 1005 Roslyn			Street Address 1041 Roslyn Rd.		
City Block Island	State RI	Zip 02807	City Block Island	State RI	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	Zip 02807	City Block Island	State RI	Zip 02807
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name 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) <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.			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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 09 2013

BY 14690

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 01/04/2013
Signature of Authorized Representative Date

Judith B. Rose
Print or Type Name of Authorized Representative