



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. 22096		2. Exact name of the Corporation Rosebank Corporation			
3. Principal office address 825 Chalkstone Avenue			City Providence	State RI	Zip 02908
4. Business Phone No. 456-2000			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Hold Real Estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Kenneth H. Belcher			Vice-President Name		
Street Address 825 Chalkstone Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Gary R. Pannone, Esq.			Treasurer Name Michael E. Conklin, Jr.		
Street Address 317 Iron Horse Way - Suite 301			Street Address 200 High Service Avenue		
City Providence	State RI	Zip 02908	City North Providence	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Kenneth H. Belcher			Director Name Donald C. McQueen		
Street Address 825 Chalkstone Avenue			Street Address 3 Shady Lane		
City Providence	State RI	Zip 02908	City Barrington	State RI	Zip 02806
Director Name Gary R. Pannone, Esq.			Director Name		
Street Address 317 Iron Horse Way - Suite 301			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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
			0.00	CNP	\$0.00 Par Value

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

FILED

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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.

Kenneth H. Belcher
Signature of Authorized Representative

02/14/2013

Date

Kenneth H. Belcher, President/CEO

Print or Type Name of Authorized Representative

2013 MAR - 1 PM 1:30
 SECRETARY OF STATE
 CORPORATIONS DIV