



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. 744968		2. Exact name of the Corporation NE HOMES BY ROSE, INC			
3. Principal office address 552 TEN ROD ROAD			City N KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-585-2984			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island LICENSED REAL ESTATE PROFESSIONAL					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROSE M GARDNER, REALTOR			Vice-President Name ROSE M GARDNER, REALTOR		
Street Address 552 TEN ROD ROAD			Street Address 552 TEN ROD ROAD		
City N KINGSTOWN	State RI	Zip 02852	City N KINGSTOWN	State RI	Zip 02852
Secretary Name ROSE M GARDNER, REALTOR			Treasurer Name ROSE M GARDNER, REALTOR		
Street Address 552 TEN ROD ROAD			Street Address 552 TEN ROD ROAD		
City N KINGSTOWN	State RI	Zip 02852	City N KINGSTOWN	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROSE M GARDNER, REALTOR			Director Name		
Street Address 552 TEN ROD ROAD			Street Address		
City N KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
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
			1000	CWS	0.01

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 SECRETARY OF STATE
 CORPORATIONS DIV

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: _____

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.

Rose M. Gardner
 Signature of Authorized Representative

08/02/2013

Date

FOR SECRETARY OF STATE USE ONLY

FILED

ROSE M GARDNER

Print or Type Name of Authorized Representative

8/2/13

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