



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. 138162		2. Exact name of the Corporation Rosa's Sunshine Lounge, LTD.			
3. Principal office address 110 School Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-475-9975		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Purchase and sell at wholesale and retail all types of food and liquor					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Manuel D. Rosa			Vice-President Name None		
Street Address 93 Chandler Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Manuel D. Rosa			Treasurer Name Manuel D. Rosa		
Street Address 93 Chandler Avenue			Street Address 93 Chandler Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Manuel D. Rosa			Director Name		
Street Address 93 Chandler Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	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
			100.00	Common	none

2013 DEC 10 AM 11:16
 2013 DEC 27 AM 11:28
 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.

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.

File Date _____

Check No _____

By: _____

FILED

DEC 27 2013

Signature of Authorized Representative

Date

Manuel D. Rosa

12/03/13

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

By **CM 213803**
11.28