



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 2014

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. 147423		2. Exact name of the Corporation JM ROSA IV CONSTRUCTION, INC.			
3. Principal office address 81 Ross Hill Road			City Charlestown	State RI	Zip 02813
4. Business Phone No. (401) 322-1490			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Property management, construction and renovation					
PRESIDENT NAME AND ADDRESS (SEE INSTRUCTIONS FOR ATTACHMENT)					
President Name John M. Rosa, IV			Vice-President Name John M. Rosa, IV		
Street Address 81 Ross Hill Road			Street Address 81 Ross Hill Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name John M. Rosa, IV			Treasurer Name John M. Rosa, IV		
Street Address 81 Ross Hill Road			Street Address 81 Ross Hill Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
DIRECTOR NAME AND ADDRESS (SEE INSTRUCTIONS FOR ATTACHMENT)					
Director Name John M. Rosa, IV			Director Name		
Street Address 81 Ross Hill Road			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED					
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.			SHARES ISSUED (SEE INSTRUCTIONS FOR ATTACHMENT)		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	Common	No par

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.

FILED
JAN 28 2014

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.

BY 5069 [Signature] 1/24/2014
 Signature of Authorized Representative Date
John M. Rosa, IV
 Print or Type Name of Authorized Representative