



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 **2015**

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. 106415		2. Exact name of the Corporation Forty Rose Associates, Ltd		
3. Principal office address 40 Industrial Drive		City Cranston	State RI	Zip 02920
4. Business Phone No. 401-464-9000		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Maintain, manage and sell commercial real estate				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Michael S. Morrissey		Vice-President Name Daniel L. Morrissey, III		
Street Address 8 Hendricks Street		Street Address 4 Secluded Drive		
City Wakefield	State RI	Zip 02879	City	State
Secretary Name Daniel L. Morrissey, III		Treasurer Name Daniel L. Morrissey, III		
Street Address 4 Secluded Drive		Street Address 4 Secluded Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Daniel L. Morrissey		Director Name Michael S. Morrissey		
Street Address same as above		Street Address same as above		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.				

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.

Daniel L. Morrissey, III 2/27/15
Signature of Authorized Representative Date

Daniel L. Morrissey, III, Secretary

Print or Type Name of Authorized Representative