



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000148605

2. Name of Corporation ROSE GARDEN CORP

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 344
City or Town: PASCOAG State: RI Zip: 02859 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

LAND PURCHASE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	GAIL REILLY	124 BROUILLARD LANE PASCOAG, RI 02859 USA
SECRETARY	NATASHA DESCHAMPS	78 BROUILLARD LN PASCOAG, RI 02859 USA
DIRECTOR	RICHARD WILLIAMS	144 BROUILLARD LANE

		PASCOAG, RI 02859 USA
PRESIDENT	DENNIS DESCHAMPS	126 BROUILLARD LANE PASCOAG, RI 02859 USA
VICE PRESIDENT	JOHN VAN LULING	190 BROUILLARD LN PASCOAG, RI 02859 USA
DIRECTOR	CHARLES REILLY	124 BROUILLARD LANE PASCOAG, RI 02859 USA
DIRECTOR	JASON DESCHAMPS	78 BROUILLARD LANE PASCOAG, RI 02859 USA
DIRECTOR	MARC LANDRY	52 BROUILLARD LANE PASCOAG, RI 02859 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

GAIL REILLY 124 BROUILLARD LANE PO BOX 344 PASCOAG , RI 02859

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of June, 2015 at 9:58:02 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By GAIL REILLY
Signature of Authorized Person

Form No. 631
Revised 09/07