



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. 70101		2. Exact name of the Corporation RONALD ROSSI, INC.			
3. Principal office address P.O. Box 6893		City Warwick	State RI	Zip 02887	
4. Business Phone No. 401-739-0688		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island AUTO GLASS REPAIR					
7. OFFICERS (NAME AND ADDRESS) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name Ronald Rossi			Vice-President Name Ronald Rossi		
Street Address 207 Pettis Drive			Street Address 207 Pettis Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Ronald Rossi			Treasurer Name Ronald Rossi		
Street Address 207 Pettis Drive			Street Address 207 Pettis Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. LIST ALL DIRECTORS (NAME AND ADDRESS) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name Ronald Rossi			Director Name		
Street Address 207 Pettis Drive			Street Address		
City Warwick	State RI	Zip 02889	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.					

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.

Signature of Authorized Representative **RONALD ROSSI** Date **3/2/16**
Print or Type Name of Authorized Representative