



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

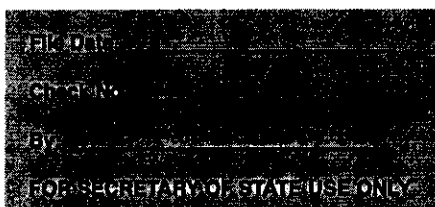
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 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					
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 (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐					
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) ☐		
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
			200	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.



Form No. 630
Revised: 01/2012

FILED

MAR 21 2016

270486

A.A. 11:23 A.M.

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]
Signature of Authorized Representative

3/2/16
Date

RONALD ROSSI

Print or Type Name of Authorized Representative