



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 2008**

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

FILED  
MAR 21 2016  
BY  
FOR SECRETARY OF STATE USE ONLY

**FILED**

MAR 21 2016

By **270486**

**A.A. 11:18 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