RI SOS Filing Number: 201608290840 Date: 09/02/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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SECRETARY OF STATE
CORPORATIONS DIV
2016 SEP -2 PM 12:10

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation		
00015793	ROSE CAR CARE INC		
3. Principal Office Address	City	State	Zip
9 BERM DR	Cumberland	RI	02864
4. Business Phone Number	5. State of Incorporation		
(401)4650879	RI		

6. Brief description of the character of business conducted in Rhode Island
CAR CARE DETAILING

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ROSA BROWN	ROSA BROWN
Street Address: 9 BERM DR	Street Address: 9 BERM DR
City: Cumberland State: RI Zip: 02864	City: CUMBERLAND State: RI Zip: 02864
Secretary Name	**Treasurer Name**
ROSA BROWN	ROSA BROWN
Street Address: 9 BERM DR	Street Address: 9 BERM DR
City: Cumberland State: RI Zip: 02864	City: Cumberland State: RI Zip: 02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
ROSA BROWN	
Street Address: 9 BERM DR	Street Address:
City: Cumberland State: RI Zip: 02864	City: State: Zip:

9. Shares Authorized

This information is currently of record in the Department of State. Changes require an additional filing.

10. Shares Issued — Check box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		0

11. 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.

Name of Authorized Representative: ROSA BROWN
Date: 09/02/16
Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
SEP 02 2016
By 282734
A.A

Form No. 630
Revised: 2016
141478-1-1148100