



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 25 2017

BY 6000

| | | | | | |
|---|--|---|--|--------------------|------------------------|
| 1. Entity ID Number 12070 | | 2. Exact name of the Corporation Rooms to Grow, Ltd. | | | |
| 3. Principal Office Address 117 Chestnut Street | | | City Warwick | State RI | Zip 02888 |
| 4. NAICS Code 44-45 - Retail Trade | 6. Brief description of the character of business conducted in Rhode Island Conduct, maintain and operate a furniture store for retail and wholesale sales | | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Henry Ritchotte | | | Vice-President Name Susan Martin | | |
| Street Address 245 Hardig Road | | | Street Address 233 Riverside Drive | | |
| City Warwick | State RI | Zip 02886 | City E. Providence | State RI | Zip 02913 |
| Secretary Name David D'Ambruoso | | | Treasurer Name Paula Ritchotte | | |
| Street Address 130 Heath Avenue | | | Street Address 245 Hardig Road | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02886 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Henry Ritchotte | | | Director Name Susan Martin | | |
| Street Address 245 Hardig Road | | | Street Address 233 Riverside Drive | | |
| City Warwick | State RI | Zip 02886 | City East Providence | State RI | Zip 02913 |
| Director Name Paula Ritchotte | | | Director Name David D'Ambruoso | | |
| Street Address 245 Hardig Road | | | Street Address 130 Heath Avenue | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02888 |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 0 | | 0 | 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 Henry Ritchotte | | | | | Date 1/18/17 |
| Signature of Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov