



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

Annual Report for the year: 2017  
 Corporation

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

1. Entity ID Number <b>001256172</b>	2. Exact name of the Corporation <b>Rosewood Consulting Inc.</b>		
3. Principal Office Address <b>3 Peach St.</b>		City <b>Wilbraham</b>	State <b>MA</b>
4. NAICS Code <b>56</b>		6. Brief description of the character of business conducted in Rhode Island <b>Consulting + Grant writing</b>	
5. State of Incorporation <b>MA</b>		Zip <b>01095</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>LISA M. ANDOSCIA</b>			Vice-President Name		
Street Address <b>3 Peach St.</b>			Street Address		
City <b>Wilbraham</b>	State <b>MA</b>	Zip <b>01095</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>LISA ANDOSCIA</b>			Director Name		
Street Address <b>SAB</b>			Street Address		
City <b>SAB</b>	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<b>10,000</b>	<b>STK</b>	<b>0</b>

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 <b>[Signature]</b>	Date <b>1-27-2017</b>
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Signature of Authorized Representative

FILED

JAN 27 2017

BY CK 294254