



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.

1. Entity ID Number 34092		2. Exact name of the Corporation Rousselle Enterprises, Inc.			
3. Principal Office Address 1185 Main Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island Purchase and sale of wholesale and retail of alcoholic beverages.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Geoffrey E. Rousselle			Vice-President Name Roger H. Rousselle		
Street Address 79 Lenox Avenue			Street Address 40 Archer Street		
City West Warwick	State RI	Zip 02893	City Bellingham	State MA	Zip 02019
Secretary Name Roger H. Rousselle			Treasurer Name Geoffrey E. Rousselle		
Street Address 40 Archer Street			Street Address 79 Lenox Avenue		
City Bellingham	State MA	Zip 02019	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Roger H. Rousselle			Director Name Geoffrey E. Rousselle		
Street Address 40 Archer Street			Street Address 79 Lenox Avenue		
City Bellingham	State MA	Zip 02019	City West Warwick	State RI	Zip 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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. 1000 Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			500	Common	No par value
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 Geoffrey E. Rousselle					Date 1/30/17
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 21 2017

21892 FORM 630 - Revised: 10/2013