



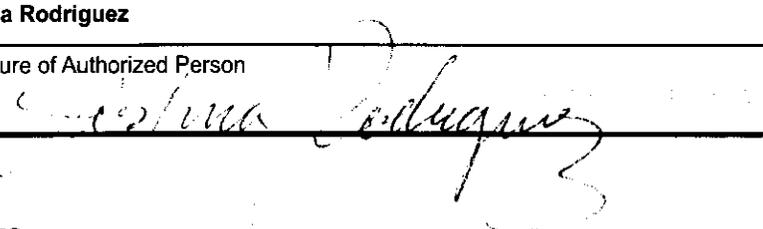
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001657645		2. Exact name of the Limited Liability Company A. ROSE, LLC			
3. NAICS Code 23 - Construction <input type="checkbox"/>		4. Brief description of the character of business conducted in Rhode Island Real Estate Investment			
5. State of Formation Rhode Island					
6. Principal Office Address 239 Indiana Ave			City Providence	State RI	Zip 02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Joshua Rodriguez			Contact Title Member-Manager		
Street Address 239 Indiana Ave			City Providence	State RI	Zip 02905
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Joshua Rodriguez				Date 04/19/2017	
Signature of Authorized Person 					

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

FILED
 APR 19 2017
 BY 301229 KM