



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

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 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 <i>453220</i>		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 RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
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 02915
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 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 E. Providence	State RI	Zip 02915
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 ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200	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 Henry Ritchotte					Date 2-12-18
Signature of Authorized Representative <i>Henry Ritchotte</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FEB 14 2018

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