



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

Annual Report for the year: 2018
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 SEP 20 PM 12:39

- 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 00799693		2. Exact name of the Corporation ROSALINA RI INC												
3. Principal Office Address 50 ABORN STREET			City PROVIDENCE	State RI	Zip 02903									
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island FULL RESTAURANT WITH LIQUOR													
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 THOMS BOVIS			Vice-President Name											
Street Address 134 TURNER SST			Street Address											
City CRANSTON	State RI	Zip 02920	City	State	Zip									
Secretary Name LAUREN LYNCH			Treasurer Name											
Street Address 134 TURNER AVE			Street Address											
City CRASNTON	State RI	Zip 02920	City	State	Zip									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
Director Name LAUREN LYNCH			Director Name											
Street Address 134 TURNER AVE			Street Address											
City CRANSTON	State RI	Zip 02920	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>CNP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	CNP	0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
500	CNP	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 <i>Thoms Bovis</i>					Date									
Signature of Authorized Representative <i>[Signature]</i>					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

SEP 20 2018
 BY *AVILL*
A.A.