



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

STAMP

ANNUAL REPORT FOR THE YEAR 2019
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. Corporate ID No. 47347		2. Name of Corporation LaRose Enterprises, Ltd.			
3. Street Address Principal Business Office 2296 Post Road		City Warwick	State RI	Zip 02886	
4. NAICS Code 532310		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island rental center and equipment repair					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth LaRose			Vice President Name Kevin LaRose		
Street Address 2296 Post Road			Street Address 2296 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kevin LaRose			Treasurer Name Kenneth LaRose		
Street Address 2296 Post Road			Street Address 2296 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth LaRose			Director Name Kevin LaRose		
Street Address 2296 Post Road			Street Address 2296 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100 shares common stock of 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.

Signature

Date

Kenneth LaRose

Print or Type Name

FILED

President

Title

JAN 15 2019

BY

14657

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

Form 630 - Revised: 10/2016