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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

G	5 M	10.5						
	2. Exact name of the Corporation H. ROSENHIRSCH Co. Inc.							
3. Principa	ZISSON, 20	East 9 S	t. Apt.10-	New \	lork,	State Y.	Zip 10003	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 523920								
5. State of Incorporation Rhode Island INACTIVE								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Harry Zisson				Vice-President Name William Zisson				
Street Address 20 E. 9 St.				Street Address 14 Stoney Wylde Lane				
New		State Y.	Zip 10003	"G-ree	nwich	State C.T.	Zip 06830	
Secretary Name None				Treasurer Name None				
Street Address None				Street Address None				
City	None	State None	None	City	None	State None	ZipNone	
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name None				Director Name				
Street Address None				Street Address None				
City	None	State None	ZipNone	City No	12	State Wone	ZipNone	
Director Name None				Director Name None				
Street Address None				Street Address None				
City	None	State	ZIPNONE	City Non		State None	Zip None	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachmen			an attachment PAR VALUE		
			2,000	shares	Commoi		100	
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 Harry Zisson 1/17/19								
Harry Zisson Signature of Authorized Representative SIGN DOCUMENT HERE								
AAU TO:	JAN 22 2019							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 1395 OS

FORM 630 - Revised: 10/2016