



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

FILED
 STATE
 FEB 11 2019

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.

BY 11237

1. Entity ID Number <u>001668998</u>		2. Exact name of the Corporation <u>ROSE CLIFF SLP INC</u>	
3. Principal Office Address <u>216 Gray Craig Road</u>		City <u>Middletown</u>	State <u>RI</u>
		Zip <u>02842</u>	
4. NAICS Code <u>523110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Securities trading</u>		
5. State of Incorporation <u>New York</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Andrew F. Nicoletta</u>		Vice-President Name	
Street Address <u>216 Gray Craig Rd</u>		Street Address	
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<u>0</u>	<u>0</u>
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 <u>Andrew F. Nicoletta</u>		Date <u>2/7/19</u>	
Signature of Authorized Representative 		SIGN FOR UMBRELLA FILE	

MAIL TO:
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