



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.

| | | | | | |
|--|--------------------|--|---|--------------------------|---------------------|
| 1. Entity ID Number <u>0000 22074</u> | | 2. Exact name of the Corporation <u>Rose Enterprises, INC.</u> | | | |
| 3. Principal Office Address <u>1005 Roslyn Road</u> | | | City <u>Block Island</u> | State <u>RI</u> | Zip <u>02807</u> |
| 4. NAICS Code <u>236115</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>General Contractor</u> | | | |
| 5. State of Incorporation <u>Rhode Island</u> | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>Robert E. Rose</u> | | | Vice-President Name <u>Judith B. Rose</u> | | |
| Street Address <u>1005 Roslyn Rd</u> | | | Street Address <u>1041 Roslyn Rd</u> | | |
| City <u>Block Island</u> | State <u>RI</u> | Zip <u>02807</u> | City <u>Block Island</u> | State <u>RI</u> | Zip <u>02807</u> |
| Secretary Name <u>Robert E Rose</u> | | | Treasurer Name <u>Judith B. Rose</u> | | |
| Street Address <u>1005 Roslyn Rd</u> | | | Street Address <u>1041 Roslyn Rd</u> | | |
| City <u>Block Island</u> | State <u>RI</u> | Zip <u>02807</u> | City <u>Block Island</u> | State <u>RI</u> | Zip <u>02807</u> |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name <u>Robert E. Rose</u> | | | Director Name <u>Judith B. Rose</u> | | |
| Street Address <u>1005 Roslyn Rd</u> | | | Street Address <u>1041 Roslyn Rd</u> | | |
| City <u>Block Island</u> | State <u>RI</u> | Zip <u>02807</u> | City <u>Block Island</u> | State <u>RI</u> | Zip <u>02807</u> |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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. <u>8000</u> Changes require an additional filing. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | |
| | | | PAR VALUE | | |
| | | | <u>200</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. <u>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.</u> | | | | | |
| Name of Authorized Representative <u>Judith B. Rose</u> | | | | Date <u>2-16-2019</u> | |
| Signature of Authorized Representative <u>Judith B. Rose</u> | | | | | |

FILED