RI SOS Filing Number: 201990864580 Date: 4/22/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 Corporation

FILED 2

APR 2 2 2019

→ 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	2. Exact nan	2. Exact name of the Corporation					
80933		Franklin Rogers Ltd.					
3. Principal Office Address			City		State	Zip	
142 WESTMINSTER STREET			PROVIDEN	CE	RI	02903	
4. NAICS Code	6. Brief desc	ription of the charac	ter of business of	conducted in Rhode I	sland	<u> </u>	
448110	RETAIL STORE - MEN'S CLOTHING AND ACCESSORIES.						
5. State of Incorporation	-						
RHODE ISLAND							
7. List ALL officers (names and ad	dresses)			Check	the box to in	ndicate an attachment	
President Name ROGER GROSS	Vice-President Name ROSEMARY GROSS						
Street Address 105 KRISTEN COL	Street Address 105 KRISTEN COURT						
City WARWICK	State RI	Zip 02888	City WARWICK		State RI	Zip 02888	
Secretary Name ROGER GROSS			Treasurer Name ROSEMARY GROSS				
Street Address 105 KRISTEN COURT			Street Address 105 KRISTEN COURT				
City WARWICK	State RI	Zip 02888	City WARWICK		State RI	^{Zip} 02888	
8. List ALL directors (names and	addresses)	•		Check	the box to i	ndicate an attachment	
Director Name			Director Name				
Street Address			Street Address	Street Address			
Out of Addition			Substitutiess				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
							
9. Shares Authorized This information is currently of rec	10. Shares Issi record in the NUMBER OF						
Department of State. Changes require an additional filing.		101		ī -	COMMON \$0		
						V	
11. This report must be executed	on hehalf of the	corporation by an	authorized repres	sentative If the corn	oration is in t	he hands of a receiver or	
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 Date							
ROGER GROSS /62 2 4/15/1						15/19	
Signature of Authorized Representative SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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