



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

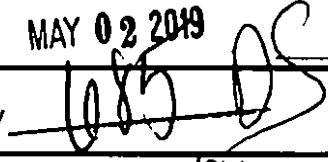
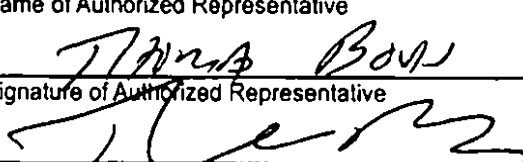
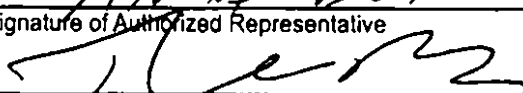
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAY 02 2019

1. Entity ID Number 00799693		2. Exact name of the Corporation ROSALINA RI INC				BY 		
3. Principal Office Address 50 ABORN STREET			City PROVIDENCE		State RI		Zip 02903	
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island FULL RESTAURANT WITH LIQUOR						
5. State of Incorporation RHODE ISLAND								
7. List ALL officers (names and addresses)							Check the box to indicate an attachment <input type="checkbox"/>	
President Name THOMAS BOVIS				Vice-President Name				
Street Address 134 TURNER ST				Street Address				
City CRANSTON		State RI		Zip 02920		City		
Secretary Name LAUREN LYNCH				Treasurer Name				
Street Address 134 TURNER AVE				Street Address				
City CRANSTON		State RI		Zip 02920		City		
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		City		
Director Name				Director Name				
Street Address				Street Address				
City		State		Zip		City		
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		PAR VALUE		
		500		CNP		0		
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 4/29/15		
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

FORM 630 - Revised: 10/2017