



State of Rhode Island  
 Department of State - Business Services Division

**FILED**  
 OCT 13 2020

4152

Annual Report for the year: 2020  
 Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |   |             |                    |     |
|---|-------|---|-------------|--------------------|-----|
| 1. Entity ID Number<br>871673   |       | 2. Exact name of the Limited Liability Company<br>Buckeye Roses, I.I.C  |             |                    |     |
| 3. NAICS Code<br>531331   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Residential Real Estate Management |             |                    |     |
| 5. State of Formation<br>Rhode island   |       |   |             |                    |     |
| 6. Principal Office Address<br>53 Black Plain Road  |       | City<br>North Smithfield  | State<br>RI | Zip<br>02896       |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |             |                    |     |
| Contact Name<br>Elaine P. Rose  |       | Contact Title<br>Member   |             |                    |     |
| Street Address<br>9900 Wall Street  |       | City<br>Millfield   | State<br>OH | Zip<br>45761       |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |             |                    |     |
| Manager Name  |       | Manager Name  |             |                    |     |
| Street Address  |       | Street Address  |             |                    |     |
| City  | State | Zip   | City        | State              | Zip |
| Manager Name  |       | Manager Name  |             |                    |     |
| Street Address  |       | Street Address  |             |                    |     |
| City  | State | Zip   | City        | State              | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |             |                    |     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |   |             |                    |     |
| <b>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.</b> |       |   |             |                    |     |
| Name of Authorized Person<br>Elaine P. Rose   |       |   |             | Date<br>10/01/2020 |     |
| Signature of Authorized Person<br><i>Elaine P. Rose</i>   |       |   |             |                    |     |

**MAIL TO:**  
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