



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2000

## 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 000062766		2. Exact name of the Corporation Rosco Laboratories Inc												
3. Principal Office Address 31 Walnut Street			City Central Falls	State RI	Zip 02863									
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island slitting and weaving of plastic for use in theatrical supply business												
5. State of Incorporation DE														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Mark S. Engel			Vice-President Name											
Street Address 42 Quails Trail			Street Address											
City Stamford	State CT	Zip 06903	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CWP</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CWP	.01			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	CWP	.01												
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. <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 Representative Mark S. Engel				Date 10/21/2020										
Signature of Authorized Representative <i>Mark Engel</i>														

FILED

KM

OCT 26 2020

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

BY 56579

FORM 630 - Revised: 08/2020