Department of State - Business Services Division  Annual Report for the year: 2000							
Corporation							
<ul> <li>→ Filing period: January</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25</li> </ul>		ot filed by April 1.				y.	
1. Entity ID Number	2. Exact nar	ne of the Corporation	on				
000062766		Rosco Laboratories Inc					
3. Principal Office Address		<del>-</del> ·	City	<del></del>	State	Zip	
31 Walnut Street			Central Falls		RI	02863	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business o	onducted in Rhode	Island	L	
339999	slitting and	weaving of plastic	for use in theatric	al supply business			
5. State of Incorporation		<b> ,</b>					
DE	1						
7. List ALL officers (names ar	nd addresses)				k the box to in	dicate an attachment	
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	<del></del>	State	Zip	
8. List ALL directors (names	and addresses)		I	Chec	L k the box to in	I dicate an attachment [	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City	City		Zip	
Director Name	l		Director Name	<del></del>		<b>_</b>	
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is	sued	Chec	k the box to in	dicate an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES PAR		
		100	100		CWP .01		
Changes require an additional	l filing.					<del></del>	
11. This report must be exec	uted on behalf of th	e corporation by an	authorized repres	entative. If the com	poration is in the	ne hands of a receiver or	
trustee, this report must be e	executed on behalf of	of the corporation by	y the receiver or tr	ustee.			
Under penalty of perjury, I statements, and that all sta	deciare and affirm Stements contains	tnat i nave exami: d herein are true =	ned this report, ii and correct.	ncluding any acco	mpanying sc	nedules and	
Name of Authorized Represe	<u></u>		Date				
Mark S. Engel					10/21/20	20	
Signature of Authorized Repr	resentative	· .	PI	En	1		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 2 6 2020

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