



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

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 BUS SVCS DIV

2021 JAN -5 PM 3:50

- 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 <u>001256172</u>		2. Exact name of the Corporation <u>Rosewood Consulting Inc.</u>			
3. Principal Office Address <u>1 Rosewood Drive</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02904</u>
4. NAICS Code <u>541613</u>		6. Brief description of the character of business conducted in Rhode Island <u>Grant Writing, consulting</u>			
5. State of Incorporation <u>MA</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>LISA ANDRUSIA</u>			Vice-President Name <u>N/A</u>		
Street Address <u>1. ROSEWOOD DRIVE</u>			Street Address		
City <u>Providence</u>		State <u>RI</u>	Zip <u>02904</u>		
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	City		State
Zip		City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>self LISA ANDRUSIA</u>			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	City		State
Zip		City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			NUMBER OF SHARES <u>10,000</u>	CLASS/SERIES	PAR VALUE <u>0</u>
Changes require an additional filing.					
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 <u>LISA ANDRUSIA</u>				Date <u>4 January 2021</u>	
Signature of Authorized Representative <u>[Signature]</u>					

FILED

JAN 05 2021

DHSJW
A.A.