



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

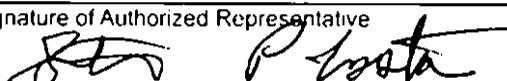
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
11/14/23
\$50.00

2023 MAR 21 12:02

1. Entity ID Number 001727208		2. Exact name of the Corporation ROSA'S TAVERN, LTD			
3. Principal Office Address 92 Waterman Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 72251		6. Brief description of the character of business conducted in Rhode Island To own and operate a restaurant business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven Paul Costa			Vice-President Name		
Street Address 182 Anthony Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Steven Paul Costa			Treasurer Name Steven Paul Costa		
Street Address 182 Anthony Street			Street Address 182 Anthony Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven Paul Costa			Director Name		
Street Address 182 Anthony Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
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. Changes require an additional filing.		10. Shares Issued		CLASSIFIED	
		NUMBER OF SHARES	PAR VALUE		
		1000	COMMON	NO PAR VALUE	
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 Steven Paul Costa				Date 3-20-23	
Signature of Authorized Representative 					

FILED

MAR 31 2023

BY ML 1152

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: 11/2021