



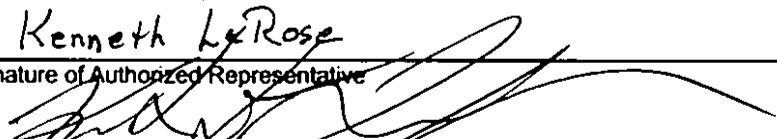
State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

APR 27 2023
 BY 10029
 RES

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 47347		2. Exact name of the Corporation La Rose Enterprises Ltd.			
3. Principal Office Address 2296 Post Road			City Warwick	State RI	Zip 02886
4. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island Rental Center and equipment repair			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth LaRose			Vice-President Name Kevin LaRose		
Street Address 2296 Post Road			Street Address 2296 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kevin LaRose			Treasurer Name Kenneth LaRose		
Street Address 2296 Post Road			Street Address 2296 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth LaRose			Director Name Kevin LaRose		
Street Address 2296 Post Road			Street Address 2296 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/ST-RIF'S	PAR VALUE
			100	Common stock	None
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 Kenneth LaRose					Date April 25, 2023
Signature of Authorized Representative 					

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