	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street	
1636	Providence RI 02904-2615 (401) 222-3040	
Limited Liability Annual Report Filing Period: Febr		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u>		
1. ID No. 000157744		
2. Exact Name of the Limited Liability Company <u>ROSELEA, LLC</u>		
3. State of Forma	ation	
State: <u>RI</u>		
ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>551112</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
HOLDING REA	LTY	
5. Principal Offic	ce Address	
No. and Street: City or Town:	<u>149 LAUREL LANE</u> <u>WEST KINGSTON</u> State: <u>RI</u> Zip: <u>02892</u> Co	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: <u>H</u> No. and Street:	KATHARINE BARNES Contact Title: 149 LAUREL LANE	
City or Town:	WEST KINGSTON State: <u>RI</u> Zip: <u>02892</u> Co	ountry: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
KATHARINE TRACY BARNES 149 LAUREL LANE WEST KINGSTON , RI 02892		

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of May, 2023 at 2:36:24 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KATHARINE BARNES

Signature of Authorized Person

Form No. 632 Revised 09/07

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