



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

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

2024 JAN 23 P 12:15

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 Dr.</u>		City <u>No Providence</u>	State <u>RI</u>
4. NAICS Code <u>541613</u>		6. Brief description of the character of business conducted in Rhode Island <u>Grant writing & administration</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 Marie Androsia</u>		Vice-President Name	
Street Address <u>1 Rosewood Drive</u>		Street Address	
City <u>No Providence</u>	State <u>RI</u>	Zip <u>02904</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>LISA M. Androsia, solely</u>		Director Name <u>N/A</u>	
Street Address <u>1 Rosewood Dr</u>		Street Address	
City <u>No Providence</u>	State <u>RI</u>	Zip <u>02904</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES	
		CLASS/SERIES	
		<u>1,000</u>	<u>STK</u>
			<u>0</u>
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. <u>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.</u>			
Name of Authorized Representative <u>LISA Marie Androsia</u>		Date <u>January 23, 2024</u>	
Signature of Authorized Representative <u>[Signature]</u>		FILED 1215	

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

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