



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

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

REC'D RIDOS BSD
24 APR 30 PM 2:42:31

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 722511		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 None		
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 None		
Street Address 182 Anthony Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	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	
		100		common	
				PAR VALUE	
				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 2-8-24	
Signature of Authorized Representative 				M3 FILED 242 APR 30 2024 BY 1301	

MAIL TO:
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