



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.

FILED

MAY 09 2024

BY

22360

1. Entity ID Number 000116093		2. Exact name of the Corporation Joe Rossi and Company, Ltd.	
3. Principal Office Address 137 Abbott Run Valley Road		City Cumberland	State RI
		Zip 02864	
4. NAICS Code 512110	6. Brief description of the character of business conducted in Rhode Island Makeup Design for film, television and theatre		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph A. Rossi		Vice-President Name Christina Rossi	
Street Address 137 Abbott Run Valley Road		Street Address 137 Abbott Run Valley Road	
City Cumberland	State RI	Zip 02864	City Cumberland
			State RI
			Zip 02864
Secretary Name Christina Rossi		Treasurer Name Joseph A. Rossi	
Street Address 137 Abbott Run Valley Road		Street Address 137 Abbott Run Valley Road	
City Cumberland	State RI	Zip 02864	City Cumberland
			State RI
			Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph A. Rossi		Director Name	
Street Address 137 Abbott Run Valley Road		Street Address	
City Cumberland	State RI	Zip 02864	City
			State
			Zip 02864
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 Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		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 Joseph A. Rossi			Date 5/1/2024
Signature of Authorized Representative <i>Joe Rossi</i>			

MAIL TO:

Division of Business Services

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