



**State of Rhode Island**  
**Department of State - Business Services Division**

REC'D RIDOS BSD  
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Annual Report for the year: 2025  
 Limited Liability Company

- 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<br><b>001768225</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Rosewood LLC</b>                                                 |                       |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>House rented to summer tourists</b> |                       |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                            |  |                                                                                                                       |                       |
| 6. Principal Office Address<br><b>14 Rosewood Avenue</b>                                                                                                                                                |  | City<br><b>Narragansett</b>                                                                                           | State<br><b>RI</b>    |
| Zip<br><b>02882</b>                                                                                                                                                                                     |  |                                                                                                                       |                       |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                       |                       |
| Contact Name<br><b>Sarah Monck</b>                                                                                                                                                                      |  | Contact Title<br><b>Member</b>                                                                                        |                       |
| Street Address<br><b>11 Tyler City Road</b>                                                                                                                                                             |  | City<br><b>Orange</b>                                                                                                 | State<br><b>CT</b>    |
| Zip<br><b>06477</b>                                                                                                                                                                                     |  |                                                                                                                       |                       |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                                       |                       |
| 9. 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 Person<br><b>Sarah K Monck</b>                                                                                                                                                       |  |                                                                                                                       | Date<br><b>2/5/25</b> |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                       |                       |

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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**BY 1270**

