RI SOS Filing Number: 202566668470 Date: 3/5/2025 4:00:00 PM

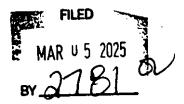
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State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00



		fee if form is not filed by May 31.							
1. Entity ID Number		2. Exact name of the Corporation							
000116093	Joe Ros	Joe Rossi and Company, Ltd.							
Principal Office Address	<u>-</u>		City	City		Zip			
137 Abbott Run Valley			Cumbe		RI	02864			
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island							
512110	Makeup	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 🗆			
President Name Joseph A. Rossi			Vice-President Name Christina Rossi						
Street Address 137 Abbott Run Valley Road			Street Addre	Street Address 137 Abbott Run Valley Road					
^{City} Cumberland	State RI	^{Zip} 02864	City Cumberland		State RI	Z _{ip} 02864			
Secretary Name Christina Ro	ossi		Treasurer N	^{ame} Joseph A	\. Rossi	Rossi			
Street Address 137 Abbott Run Valley Road		Street Addre	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	d addresses)			Check	the box to indicate	an attachment 🔲			
Joseph A. Rossi		Director Nar	Director Name						
Street Address 137 Abbott Run Valley Road		Street Addre	Street Address						
^{City} Cumberland	State RI	^{Zip} 02864	City		State	Zip			
Director Name			Director Nar	ne	· · · · · · · · · · · · · · · · · · ·				
Street Address			Street Addre	Street Address					
City	State	Zıp	City		State	Zip			
9. Shares Authorized		10. Shares Issued Chec		Check	k the box to indicate an attachment				
This information is currently of record in the		NUMBER OF	SHARES		LASS/SERIES PAR VAI UF				
Department of State.		None	None						
Changes require an additional fili	ing.								
11. This report must be execute	d on behalf of the	corporation by an a	uthorized repr	esentative. If the	corporation is in the	hands of a re-			
ceiver or trustee, this report mus	st be executed on	behalf of the corpor	ation by the re	eceiver or trustee					
Under penalty of perjury, I des	ciare and affirm t	nat i have examine herein are toto cor	d this report	, including any a	accompanying sch	edules and			
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	Date			
Joseph A. Rossi					ř	March 1, 2025			
Signature of Authorized Repres					-				
In Celro.	si								
MAIL TO:									

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov