

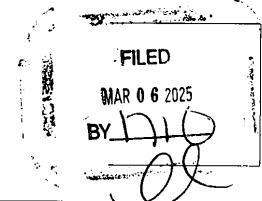
State of Rhode Island **Department of State - Business Services Division**

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 Mumber	0.5			\	
Entity ID Number	2 Exact name of the Limit	2 Exact name of the Limited Liability Company			
00549921	Rosewood Assoc	Rosewood Associates, LLC			
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island				
531311	İ	Invest and manage real estate			
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
1 Park Row 5th Floor	•	Providence	RI	02903	
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person			
Contact Name Ed Galvin		Contact Title CPA			
Street Address 1 Park Row 5th Floor		City Providence	State RI	^{Zip} 02903	
8. The Resident Agent inform	nation currently of record with the	RI Department of State is accura	ate. Changes require		
9. Under penalty of perjury	, I declare and affirm that I hav stements contained herein are	e examined this report, includii	ng any accompany	ing schedules and	
Name of Authorized Person			Date		
Paul C. Jankowski			3-2-25		
Signature of Authorized Pers	W.		<u></u> .		

MAIL TO:

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