

## FILED

APR 2 5 2025

## 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            | 2. Exact name of the Limited Liability Company                           |  |                   |                      |
|--------------------------------|--|--|-------------------|----------------------|
| 000983061                      | ROSSENDO, LLC  |  |                   |                      |
| 3. NAICS Code                  | Brief description of the character of business conducted in Rhode Island |  |                   |                      |
| 722513                         | OPERATE A RESTAURANT   |  |                   |                      |
| 5. State of Formation          |  |  |                   |                      |
| R:                             |  |  |                   |                      |
| 6. Principal Office Address    |  | City   | State             | Zıp                  |
| 70 CLIFF STREET                |  | EAST GREENWICH   | RI                | 02818                |
| 7. Mailing Address of Limite   | ed Liability Company and Nam   | e or Title of Contact Person                             |                   |                      |
| Contact Name ROSS DISEGNA      |  | Contact Title MEMBER                                     |                   |                      |
| Street Address 70 CLIFF STREET |  | City<br>EAST GREENWICH                                   | State<br>R :      | <b>Z</b> ip<br>02818 |
| 8. The Resident Agent info     | rmation currently of record with   | the RI Department of State is accura                     | ite. Changes requ | ire filing Form 642  |
|                                | I declare and affirm that I ha<br>tatements contained herein             | ve examined this report, including are true and correct. | any accompanyi    | ing schedules and    |
| Name of Authorized Person      |  |  | Date              |                      |
| ROSS DISEGNA                   |  |  | 3/14/25           |                      |
| Signature of Authorized Pe     | <del></del>  |  | 1                 |                      |

## MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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