

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact nan	2. Exact name of the Corporation ROSEBUD LEASING, INC.				
1658	ROSEB					
3. Principal office address 209 HOPE STREET			City BRISTOL	State <b>RI</b>	Zip <b>02809</b>	
4. Business Phone No. 401-253-5177			5. State of Incorporation RHODE ISLAND			
•		conducted in Rhode Island RCHASING AND SE				
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President Name JOYCE C. RODRIGUES			Vice-President Name RONALD J. RODRIGUES			
Street Address 209 HOPE STREET			Street Address 209 HOPE STREET			
City BRISTOL	State R1	Zip <b>02809</b>	City BRISTOL	State <b>RI</b>	Zip <b>02809</b>	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				500		
Director Name JOYCE C. RODRIG	BUES	Para and Tarib Holas Phraedian (P. Pelogas Sell.	Director Name RONALD J. RO	DRIGUES	担席電機器  関係が応援がします。  ************************************	
Street Address 209 HOPE STREET			Street Address 209 HOPE STREET			
City BRISTOL	State RI	Zip <b>02809</b>	City State RI		Zip <b>02809</b>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			100	COMMON	NO PAR	
This report must be exec		corporation by an authorize			ls 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.

Signature of Authorized Representative

(CE C. RODRIGUES, PRESIDENT

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012