RI SOS State of Rhode	Filing Number: 202327461830	Date: 2/2/2023 4:00:00 PM					
State of Rhode Island Department of State - Business Services Division							

2023

Annual Report for the year:

FILED

Corporation		_	FEB 02 2023				
→ Filing period: February → Filing Fee: \$50.00 → Penalty: Additional \$25.00				BY 1436			
→ Penalty: Additional \$25.0						Fg	
0000 22140	H. ROSE	ENHIRSC	H Co	mpany In	c.		-
3. Principal Office Address 40 ZISSON, 2				<u> </u>	State N Y		Zip 10003
4. NAICS Code 513 920	6. Brief descript	ion of the characte	er of business	conducted in Rhod			
5. State of Incorporation	Inac						
Rhode Island							
7. List ALL officers (names and President Name	addresses)			Che	ck the box to i	ndicate ar	n attachment 🗆
Harry Zisson		Vice-President Name William Zisson					
Street Address 20 E. 9 St.	Street Address 14 Stoney Wylde Lane						
New York	State N.Y.	Zip 10003	City Gree	nwich	State		Zip 06830
Secretary Name None	Treasurer Name						
Street Address None	Street Address None						
City None	State None	Zip None	City NO	ne	State	Tone !	Zip None
8. List ALL directors (names and	d addresses)			Che			n attachment 🔲
Director Name None			Director Nam	None		, <u>-</u> -	
Street Address			Street Addres	None	'	. <u>.</u> <u>-</u>	· · · · · · · · · · · · · · · · · · ·
City None	State None	Zip None	City None		State	State None Zip None	
Director Name None	Director Name None						
Street Address None	<u></u>	·	Street Address None				
City None.	State None	Zip None	City /V	one.	State N	one 2	Zip None
Shares AuthorizedThis information is currently of re	cord in the	10. Shares Issue	ed			ndicate an	attachment 🔲
Department of State.	shares	COMMO		\$ / €	AR VALUE		
Changes require an additional fili				# / -			
11. This report must be executed trustee, this report must be executed the following t	cuted on behalf of the	corporation by the	e receiver or t	riictaa			
onder penalty of perjury, I dec statements, and that all staten	clare and affirm that ments contained he	I have examined	this report	including any acc	ompanying so	hedules	and
Name of Authorized Representa Harry	tive Z 1 550 N	correct.	Date Feb. 1, 2023				
Signature of Authorized Represe	entative Han	Pisson		···	<u> </u>	· · · · · · · · · · · · · · · · · · ·	

MAIL TO:

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

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