RI SOS Filing N	lumber: 2024	45029440 l	<i>D</i> ate: 1/29/	/2024 4:00:00 F	'M	· · · · · · · · · · · · · · · · · · ·
State of Rhode Island Department of State	e - Business	Services Div	vision			
Department of State - Business Services Div Annual Report for the year: 2024 Corporation			JAN 2 9 2024			
→ Flling period: February 1 - May 1			149			
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			() ()			
		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
1. Entity ID Number 0000 22140	2. Exact name of the Corporation H. ROSENHIR SCH COMPANY Inc					
<u>'</u>					State	Zip
c/o Zisson, 20 East 9 St. Apt. 10-			.lI		N.Y.	10003
4. NAICS Code 523920			or business c	onducted in Knode	isiano	
5. State of Incorporation Rhode Island	Inactive					
7. List ALL officers (names and add President Name	resses)		Vice-Presiden		the box to Ind	licate an attachment 🗀
Harry ZISSON			William ZISSON			
Street Address 20 E, 9 St.			Street Address 14 Stoney Wylde Lane			
New York,	State .	Zip 10003	ICity	nwich	State T	^{Zip} 6830
Secretary Name None	Treasurer Name None					
Street Address None			Street Address			
city None	State	None	City Non		State	None
8. List ALL directors (names and ad	dresses)			Chec		dicate an attachment 🔲
Director Name None	Director Name None					
Street Address None			Street Address None			
Vone	State None	Vone	City Nov	1 e	State	ne Zip None
Director Name None			Director Name None			
Street Address None			Street Address Non E			
city None	State None	Zip None	City	lone	State No	ne None
9. Shares Authorized	el in the	10. Shares Issue NUMBER OF S		Chec CLASS/SERI		dicate an attachment PAR VALUE
This information is currently of record in the Department of State.		2,000 Shares common			\$100	
Changes require an additional filing.		S, OU SHATE CONTIN				· ·
11. This report must be executed of trustee, this report must be execute					oration is in th	ne hands of a receiver or
Under penalty of perjury, I declar	e and affirm that	I have examined	this report, i	including any acco	mpanying sc	hedules and
statements, and that all statements contained herein are true and co Name of Authorized Representative					Date	2622211
Harry Zisson					Jan	, 25, 2024
Signature of Authorized Represent	ative Am	Zison				
L	\sim					

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.soe.ri.gov