



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 2014

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. 104861		2. Exact name of the Corporation Emerald International, Inc			
3. Principal office address 50 Greaeton Dr.			City Providence	State RI	Zip 02906
4. Business Phone No. 401-351-5979			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Engage in international Trade					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Solomon Friedman			Vice-President Name Same		
Street Address 50 Greaeton Dr.			Street Address Same		
City Providence	State RI	Zip 02906	City Same	State Same	Zip Same
Secretary Name Same			Treasurer Name Same		
Street Address Same			Street Address Same		
City Same	State Same	Zip Same	City Same	State Same	Zip Same
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Same			Director Name Same		
Street Address Same			Street Address Same		
City Same	State Same	Zip Same	City Same	State Same	Zip Same
Director Name Same			Director Name Same		
Street Address Same			Street Address Same		
City Same	State Same	Zip Same	City Same	State Same	Zip Same
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
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
			10	Common	1

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 07 2014

BY CU 216703

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

Date

1-31-2014

Solomon Friedman Pres.
Print or Type Name of Authorized Representative