

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

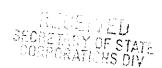
Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.



2016 JUL 18 PM 3:28

	·						
1. Entity ID Number 2. Exact name of the Corporation							
104861 EMERALD INTERNATIONAL, INC							
3. Principal Office Address			City		State	Zip	
50 GREOJONIA				DENCE	R	02906	
4. Business Phone Number 401-351-5979 5				Incorporation			
50 BELOUDN DR.				/ <del>\</del>			
6. Brief description of the character of business conducted in Rhode Island							
To engage 1	NINGER	ZIONA	TRA	DE_			
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name SOLOMON FR	Vice-President Name						
Street Address 50 BREATON DR				Street Address			
City PROVIDE NOE State RI 202906			City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State Zip	· _	City		State	Zip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment							
Director Name			Director Name				
Street Address			Street Address				
City	State	)	City		State	Zip	
9. Shares Authorized 10. Shares			sued Check the box to indicate an attachment.				
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF	NUMBER OF SHARES		RIES	PAR VALUE	
		100	1000		10		
11. 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.							
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.							
Name of Authorized Representative  Date							
SOWMON FRIEDMAN /3-July 2016 Signature of Authorized Representative							
The state of the s							

TILED

JUL 18 2016

MAIL TO:

Division of Business Services

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

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

BY 4 279302

FORM 630 - Revised: 05/2016