



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 **2013**

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. 122101		2. Exact name of the Corporation Cole Craft, Inc.					
3. Principal office address 230 Summit Drive				City Cranston		State RI	Zip 02920
4. Business Phone No. (401) 944-7102			5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island Sale and retail of gifts and merchandise							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Thomas D'Ercole				Vice-President Name Thomas D'Ercole			
Street Address 230 Summit Drive				Street Address 230 Summit Drive			
City Cranston		State RI	Zip 02920	City Cranston		State RI	Zip 02920
Secretary Name Thomas D'Ercole				Treasurer Name Thomas D'Ercole			
Street Address 230 Summit Drive				Street Address 230 Summit Drive			
City Cranston		State RI	Zip 02920	City Cranston		State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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	
				100	Common	No Par Value	

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 **FILED** on behalf of the corporation by the receiver or trustee.

File Date _____ **JAN 30 2013**
 Check No _____
 By: _____ **BY 13406**

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.

Thomas D'Ercole 1-25-13
 Signature of Authorized Representative **PRES** Date

Thomas D'Ercole, President

Print or Type Name of Authorized Representative

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