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.	2. Exact name of the Corporation			
161550	ChoiceLines Inc.			
3. Principal office address: 239 Cedar Street		City: Warwick	State: RI	Zip: 02818
4. Business Phone No.: 401-241-8881		5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: TO SELL JEWELRY, LIGHTERS AND MEDICAL IDENTIFICATION PRODUCTS				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Jeffrey R. Massotti			Vice-President Name: None		
Street Address: 239 Cedar Street			Street Address:		
City: Warwick	State: RI	Zip: 02818	City:	State:	Zip:
Secretary Name: Jeffrey R. Massotti			Treasurer Name: Jeffrey R. Massotti		
Street Address: 239 Cedar Street			Street Address: 239 Cedar Street		
City: Warwick	State: RI	Zip: 02818	City: Warwick	State: RI	Zip: 02818

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Jeffrey R. Massotti			Director Name:		
Street Address: 239 Cedar Street			Street Address:		
City: Warwick	State: RI	Zip: 02818	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) ☐**

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
1,000	common	$.01

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.

FILED
FEB 12 2014
BY 1394

File Date:
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

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.

Jeffrey R. Massotti — 1/31/2014
Signature of Authorized Representative — Date

Jeffrey R. Massotti
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
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