



**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

**AMENDED ANNUAL REPORT**

**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. <b>161550</b>		2. Exact name of the Corporation <b>ChoiceLines Inc.</b>			
3. Principal office address <b>239 Cedar Street</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02818</b>
4. Business Phone No. <b>401-241-8881</b>			5. State of Incorporation <b>DELAWARE</b>		
6. Brief description of the character of business conducted in Rhode Island <b>TO SELL JEWELRY, LIGHTERS AND MEDICAL IDENTIFICATION PRODUCTS</b>					
President Name <b>Jeffrey R. Massotti</b>			Vice-President Name <b>None</b>		
Street Address <b>239 Cedar Street</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>Jeffrey R. Massotti</b>			Treasurer Name <b>Jeffrey R. Massotti</b>		
Street Address <b>239 Cedar Street</b>			Street Address <b>239 Cedar Street</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02818</b>
Director Name <b>Jeffrey R. Massotti</b>			Director Name		
Street Address <b>239 Cedar Street</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	\$0.01

2014 FEB 11 11:30 AM  
 SECRETARY OF STATE  
 CORPORATIONS DIV

*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 18 2014

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*  
 Signature of Authorized Representative

02/14/2014  
 Date

**Jeffrey R. Massotti**

Print or Type Name of Authorized Representative

By A.A. 11:30A.M.



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

