RI SOS Filing Number: 201438702210 Date: ~~05/02/2014 12:24 PM~~

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			
686076	Chris Ploof Designs, Inc.			
3. Principal office address: P.O. Box 786		City: Leominster	State: MA	Zip: 01453
4. Business Phone No.: (978) 728-4905		5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Jewelry design, manufacturing, sales and other related activities.				

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

President Name: Christopher Ploof			Vice-President Name: Christopher Ploof		
Street Address: P.O. Box 786			Street Address: P.O. Box 786		
City: Leominster	State: MA	Zip: 01453	City: Leominster	State: MA	Zip: 01453
Secretary Name: Christopher Ploof			Treasurer Name: Christopher Ploof		
Street Address: P.O. Box 786			Street Address: P.O. Box 786		
City: Leominster	State: MA	Zip: 01453	City: Leominster	State: MA	Zip: 01453

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

Director Name: Christopher Ploof			Director Name		
Street Address: P.O. Box 786			Street Address		
City: Leominster	State: MA	Zip: 01453	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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	common	no par

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
MAY 02 2014
By 223493
A.A. 12:24 p.m.

Form No. 630
Revised: 01/2012

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.

04/30/2014
Signature of Authorized Representative — Date

Christopher Ploof/President
Print or Type Name of Authorized Representative

2014 MAY -2 PM 12:22
SECRETARY OF STATE
CORPORATIONS DIV.

106147-2-946531