



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. 686076		2. Exact name of the Corporation 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) <input type="checkbox"/>					
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) <input type="checkbox"/>					
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) <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

2014 MAY - 2 PM 12: 22
 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.

File Date _____

Check No _____

By: _____

FILED

FOR SECRETARY OF STATE USE ONLY

MAY 02 2014

Form No. 630
Revised: 01/2012

By 223493

A.A. 12:23p.m.

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.

CRP 04/30/2014
 Signature of Authorized Representative Date

Christopher Ploof/President
 Print or Type Name of Authorized Representative