STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
51700	HUDSON JEWELRY COMPANY	HUDSON JEWELRY CO.		
3. Street Address Principal Business Office		City 66 GREENVILLE AVE. JOHNSTON, RI 02919	State	Zip
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	RHODE ISLAND			1883

7. Brief Description of the Character of Business Conducted in Rhode Island
JEWELRY CONTRACT SHOP (SOLDERING AND STONE SETTING)

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
LINDA PIZZUTI					
Street Address			Street Address		
2 SPARROW CIR					
City	State	Zip	City	State	Zip
WEST WARWICK	RI	02893			
Secretary Name			Treasurer Name		
RICHARD PIZZUTI			JAMES A. PIZZUTI		
Street Address			Street Address		
2 SPARROW CIR			1 WILLOW GLEN CIR UNIT 116		
City	State	Zip	City	State	Zip
WEST WARWICK	RI	02893	WARWICK	RI	02889

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class Series*	*Par Value*	*Number of Shares*	*Class Series*	*Par Value*
600 COMM NO PAR VALUE			NONE		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

James A Pizzuti 2-23-05
Signature of Officer *Date*

JAMES A. PIZZUTI
Print or Type Name of Officer

TREAS.
Title of Officer

[redacted]

File Date	FILED
Check No.	FEB 24 2005 13869
By:	By LB

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03