



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

CAWATA S. MINNICH, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **51700**
2. Name of Corporation **HUDSON JEWELRY COMPANY**
3. Street Address Principal Business Office
66 GREENVILLE AVE.
4. Business Phone No. **751-0077**
5. State of Incorporation **RHODE ISLAND**

City **JOHNSTON** State **RI** Zip **02919**
6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island
JEWELRY CONTRACT SHOP

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

President Name **LINDA PIZZUTI**
Street Address
3 RIVER FARMS DR.
City **W. WARWICK** State **RI** Zip **02893**

Vice President Name
NONE

Secretary Name **RICHARD PIZZUTI**
Street Address
3 RIVER FARMS DR.
City **W. WARWICK** State **RI** Zip **02893**

Treasurer Name **JAMES A. PIZZUTI**
Street Address
1 WILLOW GLEN CIR. UNIT 116
City **WARWICK** State **RI** Zip **02889**

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

Director Name
NONE

Director Name
NONE

Street Address
City State Zip

Street Address
City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

NONE

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



* 5 1 7 0 0 *

File Date: **4-29-03**

Check No.: **13370**

By: **[Signature]**

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.

Signature of Officer **James A. Pizzuti** Date **4-28-03**

Print or Type Name of Officer **JAMES A. PIZZUTI**

Title of Officer **TREASURER**

Form 630 12/02