



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

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



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **51700** 2. Name of Corporation **HUDSON JEWELRY COMPANY**  
3. Street Address Principal Business Office **26 GREENVILLE AVE.** City **JOHNSTON** State **RI** Zip **02919**  
4. Business Phone No. **751-0077** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**JEWELRY CONTRACT SHOP (SOLDERING-STONE SETTING)**  
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **LINDA PIZZUTI** Vice President Name  
Street Address **1 RIVER FARMS DR.** Street Address  
City **W. WARWICK** State **RI** Zip **02893** City State Zip  
Secretary Name **RICHARD J. PIZZUTI** Treasurer Name **JAMES A. PIZZUTI**  
Street Address **1 RIVER FARMS DR.** Street Address **1 WILLOW GLEN CIR. UNIT 116**  
City **W. WARWICK** State **RI** Zip **02893** 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  
Street Address  
City State Zip  
Director Name  
Street Address  
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



File Date: **4-1-02**  
Check No.: **13012**  
By: **Kmc**  
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 **3-29-02**  
Print or Type Name of Officer **JAMES A. PIZZUTI**  
Title of Officer **TREAS**