



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

City

State

Zip

66 GREENVILLE AVE

JOHNSTON

RI

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

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

3 RIVER FARMS DR

City

State

Zip

W. WARWICK RI 02893

City

State

Zip

Secretary Name

Treasurer Name

RICHARD PIZZUTI

JAMES A. PIZZUTI

Street Address

Street Address

3 RIVER FARMS DR

City

State

Zip

W. WARWICK RI 02893

City

State

Zip

29 SPECTACLE AVE  
WARWICK RI 02807

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR COM

0

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0

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: 4/27/00

Check No.: 12355

By: 2

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

Date

JAMES A. PIZZUTI

Print or Type Name of Officer

TREAS.

Title of Officer