



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
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 **66 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**

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

President Name **LINDA PIZZUTI** Vice President Name **NONE**  
Street Address **3 RIVER FARM DR.** Street Address \_\_\_\_\_  
City **W. WARWICK** State **RI** Zip **02813** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Secretary Name **RICHARD PIZZUTI** Treasurer Name **JAMES A. PIZZUTI**  
Street Address **3 RIVER FARM DR.** Street Address **24 SPECTACLE AVE.**  
City **W. WARWICK** State **RI** Zip **02813** City **WARWICK** State **RI** Zip **02880**

**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 \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name **NONE** Director Name **NONE**  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 SHS NO PAR COM</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>NONE</b>		

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: March 1999  
Check No.: 10020  
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: [Signature] Date: 3-1-99  
Print or Type Name of Officer: JAMES A. PIZZUTI  
Title of Officer: TREAS.