



PROFIT CORPORATION ANNUAL REPORT 1997

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)

| | |
|---|---|
| President Name LINDA L. PIZZUTI Street Address 34 TOME ST City CRANSTON State RI Zip 02920 | Vice President Name Street Address City State Zip |
| Secretary Name RICHARD J. PIZZUTI Street Address 34 TOME ST City CRANSTON State RI Zip 02920 | Treasurer Name JAMES A. PIZZUTI Street Address 29 SPECTACLE AVE. City WARWICK State RI Zip 02888 |

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

| | |
|---|---|
| Director Name Street Address City State Zip | Director Name Street Address City State Zip |
| Director Name Street Address City State Zip | Director Name Street Address City State Zip |

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

| | |
|---|--|
| AUTHORIZED SHARES Number of Shares 600 Class/Series NO PAR COM Par Value | ISSUED SHARES Number of Shares NONE Class/Series Par Value |
|---|--|

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



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File Date: 3.20.97
Check No.: 11128
By: [Signature]

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: 3-18-97
Print or Type Name of Officer: JAMES A. PIZZUTI
Title of Officer: TREASURER