



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

**Filing Period:** January 1 - March 1 • This report must be typed or printed legibly.

**Filing Fee:** \$50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.**

1. Entity ID No. <b>000129591</b>		2. Exact name of the Corporation <b>LM Coin &amp; Jewelry Exchange, Inc.</b>			
3. Principal office address <b>325 Main Street</b>		City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	
4. Business Phone No. <b>401-658-3800</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Sales of jewelry and metals</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Louis Chorney</b>			Vice-President Name		
Street Address <b>325 Main Street</b>			Street Address		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City	State	Zip
Secretary Name <b>Louis Chorney</b>			Treasurer Name <b>Louis Chorney</b>		
Street Address <b>325 Main Street</b>			Street Address <b>325 Main Street</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>Louis Chorney</b>			Director Name		
Street Address <b>325 Main Street</b>			Street Address		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			5,000	CNP	0

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 DIVISION OF BUSINESS SERVICES  
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*This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.*

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY** *or 260603*

**FILED**

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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.

*Peter Lockey* 11/05/2015  
 Signature of Authorized Representative Date  
**Peter Lockey**

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