



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 2016

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. 161550		2. Exact name of the Corporation ChoiceLines Inc.			
3. Principal office address 239 Cedar Street		City Warwick	State RI	Zip 02818	
4. Business Phone No. 401-649-4666		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island TO SELL JEWELRY, LIGHTERS AND MEDICAL IDENTIFICATION PRODUCTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Jeffrey R. Massotti		Vice-President Name None			
Street Address 239 Cedar Street		Street Address			
City Warwick	State RI	Zip 02818	City	State	Zip
Secretary Name Jeffrey R. Massotti		Treasurer Name Jeffrey R. Massotti			
Street Address 239 Cedar Street		Street Address 239 Cedar Street			
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jeffrey R. Massotti		Director Name			
Street Address 239 Cedar Street		Street Address			
City Warwick	State RI	Zip 02818	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED:		10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <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	
		1,000	common	\$.01	

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

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.

FILED

Signature of Authorized Representative

Date

Jeffrey R. Massotti

Print or Type Name of Authorized Representative

1-6-2016

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