



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

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.

2016

1. Entity ID No. 487702		2. Exact name of the Corporation HERITAGE GUN & COIN COMPANY, INC.			
3. Principal office address 250 COWESETT AVE		City WEST WARWICK	State RI	Zip 02893	
4. Business Phone No. 826-0000 826-9999		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RETAIL FIREARMS AND RELATED EQUIPMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID DE LOIA			Vice-President Name FRANK DI CICCIO, JR		
Street Address 379 WEST AVE			Street Address 20 PEPIN ST #4		
City HARRISVILLE	State RI	Zip 02830	City WEST WARWICK	State R.I.	Zip 02893
Secretary Name FRANK DI CICCIO SR			Treasurer Name FRANK D, CICCIO JR.		
Street Address 475 COUNTRY VIEW DR.			Street Address		
City WARWICK	State RI	Zip 02886	City WEST WARWICK	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
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
			Same	Same	- 0 -

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

FRANK R. DI CICCIO SR.

Print or Type Name of Authorized Representative

JAN 21 2016

HL 3182