



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2016 DEC 30 AM 10:44

1. Entity ID Number 000101916		2. Exact name of the Corporation The Platinum-House, Inc			
3. Principal Office Address 137 Swinburne Row		City Newport		State RI	Zip 02840
4. Business Phone Number 401-848-7528		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The sale at retail or wholesale of jewelry, gems or other related items					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Angel Gonzalez			Vice-President Name Angel Gonzalez		
Street Address 137 Swinburne Row			Street Address 137 Swinburne Row		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Angel Gonzalez			Treasurer Name Angel Gonzalez		
Street Address 137 Swinburne Row			Street Address 137 Swinburne Row		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Angel Gonzalez			Director Name		
Street Address 137 Swinburne Row			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. 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. 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.					
Name of Authorized Representative Angel Gonzalez					Date 11-7-16
Signature of Authorized Representative 					SIGN DOCUMENT HERE

FILED

DEC 30 2016

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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