



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
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
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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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	\$0
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. <i>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.</i>					
Name of Authorized Representative Angel Gonzalez				Date 11-7-16	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

10:45

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