



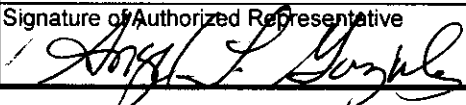
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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| | | | | | |
|--|-----------------|--|---|--|------------------|
| 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 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. | | 10. Shares Issued | | Check the box to indicate an attachment <input type="checkbox"/> | |
| | | 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. 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 | |

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

FILED

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BY 