



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

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

Annual Report for the year: **2017**
Corporation

2017 JAN 23 PM 2:13

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 161550		2. Exact name of the Corporation ChoiceLines Inc.			
3. Principal Office Address 239 Cedar Street		City Warwick		State RI	Zip 02818
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island To sell jewelry, lighters and medical identification products			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input 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) Check the box to indicate an 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 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	
1,000		common		\$.01	
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 Jeffrey R. Massotti				Date 1/10/17	
Signature of Authorized Representative 					
FILED 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

JAN 23 2017

BY CL# 1564