



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No 4763		2. Name of Corporation CONTINENTAL COIN LTD.		
3. Street Address Principal Business Office 1212 PARK AVE		City CRANSTON	State R.I.	Zip 02910
4. Business Phone No. 401-942-8431		5. State of Incorporation R.I.		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DEBRA R. ASSANTE		Vice President Name MARIO A. ASSANTE		
Street Address 9 LEGION MEMORIAL DR.		Street Address 9 LEGION MEMORIAL DR.		
City PROVIDENCE	State R.I.	Zip 02909	City PROVIDENCE	State R.I.
Secretary Name VERA M. IACAMPO		Treasurer Name DEBRA R. ASSANTE		
Street Address IARTAGLIA ST.		Street Address 9 LEGION MEMORIAL DR.		
City JOHNSTON	State R.I.	Zip 02919	City PROVIDENCE	State R.I.
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DEBRA R. ASSANTE		Director Name		
Street Address 9 LEGION MEMORIAL DR.		Street Address		
City PROVIDENCE	State R.I.	Zip 02909	City	State
Director Name VERA M. IACAMPO		Director Name		
Street Address IARTAGLIA ST.		Street Address		
City JOHNSTON	State R.I.	Zip 02919	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
4000 COMM. NO PAR VALUE - NO PAR			3600	NO PAR

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.

FILED

JAN 27 2017

File Date	By
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.

Signature **Debra R. Assante** Date **1-24-2017**
Print or Type Name **DEBRA R. ASSANTE**
Title **PRESIDENT**