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.

1. Entity ID Number	2. Exact name of the Corporation
8755	PAW Holdings, Inc.

3. Principal Office Address	City	State	Zip
360 Narragansett Park Drive	East Providence	RI	02915

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
31-33 - Manufacturing	Jewelry
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Peter A. Wallick	Peter A. Wallick
Street Address: 4 Jones Circle	Street Address: 4 Jones Circle
City: Barrington, State: RI, Zip: 02806	City: Barrington, State: RI, Zip: 02806
Secretary Name: Peter A. Wallick	Treasurer Name: Peter A. Wallick
Street Address: 4 Jones Circle	Street Address: 4 Jones Circle
City: Barrington, State: RI, Zip: 02806	City: Barrington, State: RI, Zip: 02806

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1,000	Common	No Par

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	Date
Peter A. Wallick	1/23/17

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

FEB 03 2017

By 294961

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

FORM 630 - Revised: 10/2016