



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 100371		2. Exact name of the Corporation AWARDS NEW ENGLAND, INC.			
3. Principal Office Address 341-C George Washington Highway		City Smithfield	State RI		
		Zip 02917			
4. Business Phone Number 401-231-0070		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacture and sale of trophies and souvenir items.					
7. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>		
President Name Marlene Kubaska		Vice-President Name			
Street Address 24 Green Meadow Road		Street Address			
City Cumberland	State RI	Zip 02864			
Secretary Name John P. Kubaska		Treasurer Name John P. Kubaska			
Street Address 24 Green Meadow Road		Street Address 24 Green Meadow Road			
City Cumberland	State RI	Zip 02864	City Cumberland		
			State RI		
			Zip 02864		
8. List ALL directors (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>		
Director Name Marlene Kubaska		Director Name			
Street Address 24 Green Meadow Road		Street Address			
City Cumberland	State RI	Zip 02864			
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value
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 Marlene Kubaska, President				Date 2/23/17	
Signature of Authorized Representative <i>Marlene Kubaska</i>					

FILED 02

FEB 15 2017

BY 9912

MAIL TO:
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 Website: www.sos.ri.gov