



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR -2 AM 8: 50

1. Entity ID Number 4785		2. Exact name of the Corporation CONTRACT SPECIALTIES, INC.			
3. Principal Office Address 234 Hartford Avenue		City Providence		State RI	Zip 02909
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Jewelry and any other lawful business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Evelyn Guarino			Vice-President Name Donna Lee Fantozzi		
Street Address 234 Hartford Avenue			Street Address 234 Hartford Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Donna Lee Fantozzi			Treasurer Name Kathleen Gambuto		
Street Address 234 Hartford Avenue			Street Address 234 Hartford Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Evelyn Guarino			Director Name Donna Lee Fantozzi		
Street Address 234 Hartford Avenue			Street Address 234 Hartford Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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 268	CLASS/SERIES Common	PAR VALUE 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 Evelyn Guarino, President					Date 2-16-17
Signature of Authorized Representative <i>Evelyn Guarino</i> FILED					

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

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