

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS****Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 15457		2. Exact name of the Corporation Waliga Imports & Sales, Inc.			
3. Principal office address 1467 Atwood Avenue		City Johnston	State RI	Zip 02919	
4. Business Phone No. 401 272 6777		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Importing and sales of imitation and semi-precious stones, chains and findings.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Michele L. Aubin			Vice-President Name Sherri Ann Cantara		
Street Address 1467 Atwood Avenue			Street Address 1467 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Michele L. Aubin			Treasurer Name Sherri Ann Cantara		
Street Address 1467 Atwood Avenue			Street Address 1467 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Barbara L. Waliga			Director Name Sherri Ann Cantara		
Street Address 1467 Atwood Avenue			Street Address 1467 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Michele L. Aubin			Director Name		
Street Address 1467 Atwood Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value

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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED**MAR 02 2017****BY** _____

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 of Authorized Representative _____

Date **2/7/17****Michele L. Aubin, President**

Print or Type Name of Authorized Representative