



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
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1. Entity ID Number 000528190		2. Exact name of the Corporation Steve Ritch Enterprises, Inc.			
3. Principal Office Address 173 Keach Pond Drive			City Chepachet	State RI	Zip 02814
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island Consultant and independent sales representative of equipment and materials for jewelry manufacturing			
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 Steven A. Ritch			Vice-President Name N/A		
Street Address 173 Keach Pond Drive			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name Steven A. Ritch			Treasurer Name Steven A. Ritch		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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	CLASS/SERIES	PAR VALUE	
		8,000	Common	\$.01	
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 STEVEN A. RITCH				Date 03/01/17	
Signature of Authorized Representative <i>[Handwritten Signature]</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

MAR 08 2017
 By *[Signature]* 1038