



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

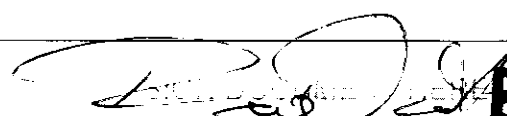
→ Filing period: January 1 - March 1

→ 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 -6 PM 1:24

1. Entity ID Number 000112492		2. Exact name of the Corporation Asian Source, Inc.			
3. Principal Office Address 2 Williams Street		City Providence		State RI	Zip 02903
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island Importing and exporting jewelry, precious metals, and findings			
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 Richard A. Quaranto			Vice-President Name N/A		
Street Address 98D Nipmuc Trail			Street Address		
City No. Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Same as above			Treasurer Name Richard A. Quaranto		
Street Address			Street Address 98D Nipmic Trail		
City	State	Zip	City No. Providence	State RI	Zip 02904
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 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		CLASS/SERIES		PAR VALUE	
100		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 Richard A. Quaranto				Date 3/2/17	
Signature of Authorized Representative 					

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 06 2017

BY

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FORM 630 - Revised: 10/2016