




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 OCT 17 AM 10:30

1. Entity ID Number 000551233		2. Exact name of the Corporation Diamond Legends, Inc.			
3. Principal Office Address 400 Bald Hill Rd. Ste. 210		City Warwick		State RI	Zip 02886
4. NAICS Code 453220	6. Brief description of the character of business conducted in Rhode Island To buy and sell sports memorabilia				
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 Joseph A. Parenti, Jr.			Vice-President Name Joseph A. Parenti, Jr.		
Street Address 30 Derbyshire Dr.			Street Address 30 Derbyshire Dr.		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Joseph A. Parenti, Jr.			Treasurer Name Joseph A. Parenti, Jr.		
Street Address 30 Derbyshire Dr.			Street Address 30 Derbyshire Dr.		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph A. Parenti, Jr.			Director Name N/A		
Street Address 30 Derbyshire Dr.			Street Address		
City Cranston	State RI	Zip 02921	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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		
			CLASS SERIES		
			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 Joseph Parenti Jr.					Date 10/13/17
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

OCT 17 2017
BY **315012**
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FORM 630 - Revised: 08/2017