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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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JAN 05 2018
BY 3000 eA

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FOR

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000020565	POLISHERS & JEWELERS SUPPLY CORPORATION

3. Principal Office Address	City	State	Zip
662 ATWELLS AVE. PO BOX 3448	PROVIDENCE	RI	02909

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339910	DISTRIBUTOR OF JEWELRY MANUFACTURING TOOLS.
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ROBERT LISCIO	
Street Address: PO BOX 3448	Street Address
City: PROVIDENCE / State: RI / Zip: 02909	City / State / Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	100	CNP	0.00

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	Date
Robert Liscio	01/03/2018

Signature of Authorized Representative: Robert Liscio — SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017