



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

**FILED**


JAN 05 2018

**STAMP**

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.

BY 3000 ea

1. Entity ID Number <b>000020565</b>		2. Exact name of the Corporation <b>POLISHERS &amp; JEWELERS SUPPLY CORPORATION</b>			
3. Principal Office Address <b>662 ATWELLS AVE. PO BOX 3448</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>339910</b>		6. Brief description of the character of business conducted in Rhode Island <b>DISTRIBUTOR OF JEWELRY MANUFACTURING TOOLS.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ROBERT LISCIO</b>			Vice-President Name		
Street Address <b>PO BOX 3448</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		CNP
			PAR VALUE		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.					
<b>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.</b>					
Name of Authorized Representative <b>Robert Liscio</b>					Date <b>01/03/2018</b>
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:  
Division of Business Services  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)