RI SOS Filing Number: 201857130500 Date: 1/29/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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 no	ot filed by April 1.					
Entity ID Number	2. Exact name of the Corporation						
000797174	Tercat A	Tercat American Made, Inc.					
3. Principal Office Address			City		State	Zip	
31 Delaine Street			Providence	•	RI	02909	
4. NAICS Code	6. Brief descr	iption of the charact	er of business c	onducted in Rhode	Island		
315990	Manufactur	Manufacturing jewelry.					
5. State of Incorporation							
RI							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Joseph Terino, J	Vice-President Name Joseph A. Terino						
Street Address 31 Delaine Street	Street Address 31 Delaine Street						
City Providence	State RI	Z <sub>1</sub> ρ <b>02909</b>	City Providence		State RI	<sup>Z<sub>IP</sub></sup> 02909	
Secretary Name Lori Ann Donfrancesco			Treasurer Name Joseph Terino, Jr.				
Street Address 31 Delaine Street			Street Address 31 Delaine Street				
City Providence	State RI	Zip 02909	City Providence		State RI	<sup>Zıp</sup> <b>02909</b>	
8. List ALL directors (names and	addresses)				k the box to ir	ndicate an attachment 🔲	
Director Name Joseph Terino, Jr	Director Name	Director Name Joseph A. Terino					
Street Address 31 Delaine Street			Street Address 31 Delaine Street				
City Providence	State RI	Z <sub>1</sub> p <b>02909</b>	City Providence		State RI	<sup>Zip</sup> <b>02909</b>	
Director Name  Lori Ann Donfrancesco			Director Name				
Street Address 31 Delaine Street			Street Address				
City Providence	State Ri	Z <sub>IP</sub> 02909	City		State	Zip	
			Check the box to indicate an attachment   Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		100 Issued		CNP		\$0.00	
Changes require an additional lilling	y.						
11. This report must be executed trustee, this report must be executed					oration is in t	he hands of a receiver or	
Under penalty of perjury, I dec	lare and affirm t	that I have examin	ed this report, i		mpanying so	chedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
Joseph Terino, Jr.					1/22/18		
Signature of Authorized Represe	intative	S GN DOS	oursen s <b>F</b>	LED		+ · · ·	
7 J. \ - J T Difference   T Difference	- / '					-	

MAIL,TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 29 2018

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