



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 not filed by April 1.

1. Entity ID Number 33948		2. Exact name of the Corporation CREATIVE BRONZE, INC.			
3. Principal Office Address 21 BRAYTON STREET UNIT 1			City WEST WARWICK	State RHODE ISLAND	Zip 02893
4. NAICS Code 331410		6. Brief description of the character of business conducted in Rhode Island BURIAL URNS			
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 STEPHEN J. IZZI			Vice-President Name CARY IZZI		
Street Address 64 BAKER STREET			Street Address 64 BAKER STREET		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name CARY IZZI			Treasurer Name STEPHEN J. IZZI		
Street Address 64 BAKER STREET			Street Address 64 BAKER STREET		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEPHEN J. IZZI			Director Name CARY IZZI		
Street Address 64 BAKER STREET			Street Address 64 BAKER STREET		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. 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. <i>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.</i>					
Name of Authorized Representative STEPHEN J. IZZI					Date 2-27-18
Signature of Authorized Representative 					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

FILED

MAR 01 2018

BY S457 DS

FORM 630 - Revised: 10/2017