



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

Annual Report for the year: 2018  
 Corporation

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 SECRETARY OF STATE  
 CORPORATIONS DIV

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

2018 MAR 28 AM 9:45

1. Entity ID Number <b>129591</b>		2. Exact name of the Corporation <b>LM COIN &amp; JEWELRY EXCHANGE, INC</b>			
3. Principal Office Address <b>325 Main Street</b>		City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	
4. NAICS Code <b>339910</b>		6. Brief description of the character of business conducted in Rhode Island <b>RETAIL/WHOLESALE COIN, JEWELRY COLLECTIBLES</b>			
5. State of Incorporation <b>RI</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>LOUIS CHOENEY</b>		Vice-President Name <b>0</b>			
Street Address <b>27 Cressman Drive</b>		Street Address			
City <b>Sharon</b>	State <b>MA</b>	Zip <b>02007</b>	City	State	Zip
Secretary Name <b>"</b>		Treasurer Name <b>"</b>			
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 <b>LOUIS M. CHOENEY</b>		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 <b>5,000</b>	CLASS/SERIES	PAR VALUE <b>NO PAR</b>	
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>LOUIS M. CHOENEY</b>				Date <b>3/26/18</b>	
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

**FILED**  
 MAR 28 2018  
 BY **307498**  
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