



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 16 2019

BY 1622
102Annual Report for the year: **2019**

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 161550		2. Exact name of the Corporation ChoiceLines Inc.			
3. Principal Office Address 239 Cedar Street			City Warwick	State RI	Zip 02818
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island To sell jewelry, lighters and medical identification products.			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeffrey R. Massotti			Vice-President Name None		
Street Address 239 Cedar Street			Street Address		
City Warwick	State RI	Zip 02818	City	State	Zip
Secretary Name Jeffrey R. Massotti			Treasurer Name Jeffrey R. Massotti		
Street Address 239 Cedar Street			Street Address 239 Cedar Street		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeffrey R. Massotti			Director Name		
Street Address 239 Cedar Street			Street Address		
City Warwick	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1,000	CLASS/SERIES common	PAR VALUE \$0.01
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 Jeffrey R. Massotti				Date 1/11/19	
Signature of Authorized Representative <i>Jeffrey R. Massotti</i>					