

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## ODATION ANNUAL DEPORT FOR THE VEAD

		IN ANNUAL HEI This report must be typ			<u> </u>	
•		this report must be typ LE THIS REPORT BY M			LTY FEE.	
1. Entity ID No.	2. Exact nar	2. Exact name of the Corporation				
8731	G. Tanury Plating Company					
3. Principal office address 100 Railroad Avenue			City Johnston	State RI	Zip <b>02919</b>	
4. Business Phone No. (401) 232-2330			5. State of Incorporation Rhode Island			
6. Brief description of the chara Jewelry plating	acter of busines	s conducted in Rhode Island	I	4481	50	
7. LIST <u>all</u> officers (NA	AES AND ADDR	RESSES) ("X" BOX FOR AT	TACHMENT)		and the state	
President Name George T. Tanury			Vice-President Name Kenneth Cabral			
Street Address 100 Railroad Avenue			Street Address 100 Railroad Avenue			
City Johnston	State RI	Zip <b>02919</b>	City Johnston	State RI	Zip 02919	
Secretary Name			Treasurer Name Kenneth Cabral			
Street Address			Street Address 100 Railroad Avenue			
City	State	Zip	City Johnston	State RI	Zip 02919	
8. LIST ALL DIRECTORS (NA	AMES AND AD	DRESSES) ("X" BOX FOR	ATTACHMENT)	•		
Director Name George T. Tanury			Director Name Kenneth Cabral			
Street Address 100 Railroad Avenue			Street Address 100 Railroad Avenue			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919	
Director Name			Director Name			
Street Address			Street Address			
City	State	Ζip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.  See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			1,500	Common	No par value	
	511005					
This report must be executed		corporation by an authorize ust be executed on behalf of	the corporation by the re	eceiver or trustee.		
File Date			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.			
Check No	<u> </u>	.ED	<b>A</b> .	Tanuny	01-15-19	
Ву:	O IAAI	1:4-2010	Signature of Authori		Date	

JAN 2 4 2019 FOR SECRETARY OF STATE USE ONLY

Form No. 630 Revised: 01/2012

Signature of Authorized Representative

George T. Tanury, President

Print or Type Name of Authorized Representative