RI SOS Filing Number: 201985252880 Date: 1/25/2019 4:00:00 PM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 JAN 25 PM 1:44

Annual 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	2. Exact name of the Corporation
113592	INTERNATIONAL INSIGNIA CORPORATION

3. Principal Office Address	City	State	Zip
1280 EDDY STREET	PROVIDENCE	RI	02905

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339910	MANUFACTURING, BUYING, SELLING, IMPORTING, EXPORTING INSIGNIA OF ANY KIND, JEWELRY PRODUCTS
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

	President	Vice-President
Name	ROBERT K. RAEBURN	ROBERT K. RAEBURN
Street Address	1280 EDDY STREET	1280 EDDY STREET
City	PROVIDENCE	PROVIDENCE
State	RI	RI
Zip	02905	02905

	Secretary	Treasurer
Name	ROBERT K. RAEBURN	ROBERT K. RAEBURN
Street Address	1280 EDDY STREET	1280 EDDY STREET
City	PROVIDENCE	PROVIDENCE
State	RI	RI
Zip	02905	02905

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director	Director
Name	NONE	NONE
Street Address		
City		
State		
Zip		

	Director	Director
Name	NONE	NONE
Street Address		
City		
State		
Zip		

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000		6

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: ROBERT K. RAEBURN

Date: 1/11/19

Signature of Authorized Representative: X [signature]

SIGN DOCUMENT HERE

FILED

JAN 25 2019

BY CK 62773

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017