



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.

Annual Report for the year: **2019**
 Corporation

2019 JAN 25 PM 1:44

- 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 113592		2. Exact name of the Corporation INTERNATIONAL INSIGNIA CORPORATION			
3. Principal Office Address 1280 EDDY STREET		City PROVIDENCE		State RI	Zip 02905
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name ROBERT K. RAEBURN			Vice-President Name ROBERT K. RAEBURN		
Street Address 1280 EDDY STREET			Street Address 1280 EDDY STREET		
City PROVIDENCE		State RI	Zip 02905	City PROVIDENCE	
Secretary Name ROBERT K. RAEBURN		Treasurer Name ROBERT K. RAEBURN			
Street Address 1280 EDDY STREET			Street Address 1280 EDDY STREET		
City PROVIDENCE		State RI	Zip 02905	City PROVIDENCE	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City		State	Zip	City	
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City		State	Zip	City	
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
			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. <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 ROBERT K. RAEBURN					Date 1/11/19
Signature of Authorized Representative 					

SP5N DOCUMENT
FILED

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

JAN 25 2019

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