



State of Rhode Island and Providence Plantations

Department of State - Business Services Division**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 4763		2. Exact name of the Corporation Continental Coin LTD			
3. Principal Office Address 9 Legion Memorial Drive			City Providence	State RI	Zip 02909
4. NAICS Code 423940	6. Brief description of the character of business conducted in Rhode Island Selling coins, jewelry & Antiques				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Debra R. Assante			Vice-President Name Mario A. Assante		
Street Address 9 Legion Memorial Drive			Street Address 9 Legion Memorial Drive		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Vera M. Iacampo			Treasurer Name Debra R. Assante		
Street Address 44 Tartaglia Street			Street Address 9 Legion Memorial Drive		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Debra R. Assante			Director Name		
Street Address 9 Legion Memorial Drive			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name Vera M. Iacampo			Director Name		
Street Address 44 Tartaglia Street			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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	
		3600		NO PAR	
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 Vera M. Iacampo, Secretary					Date 01/01/2019
Signature of Authorized Representative <i>Vera M. Iacampo</i>					

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

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