



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. | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>3600</td> <td>NO PAR</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 3600 | NO PAR | | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | | |
| | | 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

FILED
FEB 01 2019
BY 107 DS

FORM 630 - Revised: 10/2017