



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.

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number 000034291		2. Exact name of the Corporation Prestige Manufacturing, Inc.			
3. Principal Office Address 171 Frenchtown Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 339900	6. Brief description of the character of business conducted in Rhode Island Jewelry Manufacturing Advertising Specialty Promotional Product				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Donna Sabitoni		Vice-President Name Donna Sabitoni			
Street Address 171 Frenchtown Road		Street Address 171 Frenchtown Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Donna Sabitoni		Treasurer Name Donna Sabitoni			
Street Address 171 Frenchtown Road		Street Address 171 Frenchtown Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Donna Sabitoni		Director Name			
Street Address 171 Frenchtown Road		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 100	CLASS/SERIES Common	PAR VALUE No Par Value	
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 Donna Sabitoni					Date 2/6/19
Signature of Authorized Representative 					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

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FORM 630 - Revised: 10/2017