



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

2019 MAR 13 PM 2:42

1. Entity ID Number 21545		2. Exact name of the Corporation R.J. PRATT COMPANY, INC.			
3. Principal Office Address 223 Reservoir Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 315990		6. Brief description of the character of business conducted in Rhode Island Jewelry manufacturing			
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 Janet L. Pratt			Vice-President Name		
Street Address 223 Reservoir Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Robert L. Simmons			Treasurer Name Janet L. Pratt		
Street Address 50 Abbott Run Valley Rd, U1601, P.O. Bbox 7366			Street Address 223 Reservoir Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Janet L. Pratt			Director Name		
Street Address 223 Reservoir Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			400		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 Janet L. Pratt				Date February 10, 2019	
Signature of Authorized Representative 				Date MAR 13 2019	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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