



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 MAY 22 AM 11:17

1. Entry ID Number 797852		2. Exact name of the Corporation Hannah Daye & Company Incorporated			
3. Principal Office Address PO Box 1271 / 194 N Tower Hill Rd		City Millbrook / Wassaic		State NY	Zip 12545 / 12592
4. NAICS Code 448310		5. Brief description of the character of business conducted in Rhode Island Jewelry retail			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Alison Cariati			Vice-President Name		
Street Address 194 N Tower Hill Road			Street Address		
City Millbrook Wassaic	State NY	Zip 12592	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Alison Cariati			Director Name		
Street Address 194 N Tower Hill Road			Street Address		
City Wassaic	State NY	Zip 12592	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 10,000,000	CLASS/SERIES CWP	PAR VALUE .0001
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. <b>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.</b>					
Name of Authorized Representative Alison Daye Cariati					Date 5/17/19
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

MAY 22 2019

BY

JNSYV A.A.

FORM 530 - Revised: 10/2017