



RI SOS Filing Number: 202033603360 Date: 2/3/2020 2:18:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 FEB - 3 PM 2:15Annual Report for the year: **2020**
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 000106228		2. Exact name of the Corporation RaceCar Jewelry Co.			
3. Principal Office Address 19 Mendon Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 2498 325998		6. Brief description of the character of business conducted in Rhode Island The design, manufacture and distribution of jewelry and other related products and services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel B Grandi			Vice-President Name James N Broussard-Grandi		
Street Address 19 Mendon Ave.			Street Address 19 Mendon Ave.		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Daniel B Grandi			Treasurer Name Daniel B Grandi		
Street Address 19 Mendon Ave.			Street Address 19 Mendon Ave.		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			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. <i>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.</i>					
Name of Authorized Representative Daniel B Grandi					Date 02/03/2020
Signature of Authorized Representative 					

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

FEB 03 2020

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FORM 630 - Revised: 10/2017