

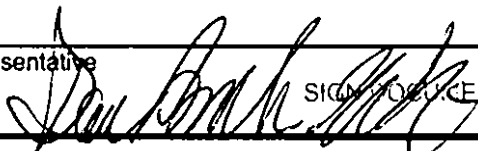


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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BUS SVCS DIV
2020 FEB - 3 PM 2:45

Annual 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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CNP	0.00			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1000	CNP	0.00												
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 Daniel B Grandi					Date 02/03/2020									
Signature of Authorized Representative 														

SIGN HERE

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

FEB 03 2020

BY On NWMATH
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FORM 630 - Revised: 10/2017