



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 FEB 25 P 2:07

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. Entry ID Number 16077		2. Exact name of the Corporation R. and E. Creations, Inc.			
3. Principal Office Address 111 METATERRAINE AVENUE			City WAKEFIELD	State RI	Zip 02879
4. NAICS Code 42 - Wholesale Trade <i>423940</i>		6. Brief description of the character of business conducted in Rhode Island WHOLESALE SALE OF JEWELRY			
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 Robert E. Etchells, II			Vice-President Name Robert E. Etchells, II		
Street Address 7 Newberry Lane			Street Address 7 Newberry Lane		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Robert E. Etchells, II			Treasurer Name Robert E. Etchells, II		
Street Address 7 Newberry Lane			Street Address 7 Newberry Lane		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert E. Etchells, II			Director Name		
Street Address 7 Newberry Lane			Street Address		
City Hope Valley	State RI	Zip 02832	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		
			100	Common	No Par
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 Robert E. Etchells, II					Date 1-30-2020
Signature of Authorized Representative <i>Robert E. Etchells II</i> SIGN DOCUMENT HERE <input checked="" type="checkbox"/> 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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