



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 FEB 26 P 2:14

1. Entity ID Number 000509239		2. Exact name of the Corporation Delman Watch Services, Inc.			
3. Principal Office Address 650 Oaklawn Avenue, Unit G			City Cranston	State RI	Zip 02920
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Watch sale and repairs			
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 Fred Delman			Vice-President Name Fred Delman		
Street Address 650 Oaklawn Avenue, Unit G			Street Address 650 Oaklawn Avenue, Unit G		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Fred Delman			Treasurer Name Fred Delman		
Street Address 650 Oaklawn Avenue			Street Address 650 Oaklawn Avenue, Unit G		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Fred Delman			Director Name		
Street Address 650 Oaklawn Avenue, Unit G			Street Address		
City Cranston	State RI	Zip 02920	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		
			100.00	STK	\$0.0100
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 Fred Delman				Date 2/3/20	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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FORM 630 - Revised 10/2017