



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2020**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>17553</b>		2. Exact name of the Corporation <b>PETER POTS STONWARE, INC.</b>			
3. Principal office address <b>494 GLEN ROCK ROAD</b>			City <b>WEST KINGSTON</b>	State <b>RI</b>	Zip <b>02892</b>
4. Business Phone No. <b>401-783-2350</b> <b>327110</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>DEAL/OPERATE W/THE MANUFACTURE OF CERAMICS&amp;RELATED PRODUCTS,REAL/PERSONAL PROPERTY OF ALL KINDS, ANTIQUES, OBJECTS OF ART, EARLY CERAMINCS, ANTIQUE AUTOS, WAGONS, BOATS, ETC</b>					
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>JEFFREY GREENE</b>			Vice-President Name		
Street Address <b>494 GLEN ROCK ROAD</b>			Street Address		
City <b>WEST KINGSTON</b>	State <b>RI</b>	Zip <b>02892</b>	City	State	Zip
Secretary Name			Treasurer Name <b>JEFFREY GREENE</b>		
Street Address			Street Address <b>494 GLEN ROCK ROAD</b>		
City	State	Zip	City <b>KINGSTON</b>	State <b>RI</b>	Zip <b>02892</b>
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>JEFFREY GREENE</b>			Director Name		
Street Address <b>494 GLEN ROCK ROAD</b>			Street Address		
City <b>KINGSTON</b>	State <b>RI</b>	Zip <b>02892</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>300</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

**FILED**  
**MAR 05 2020**  
**12366**

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.

Signature of Authorized Representative

**JEFFREY GREENE**

Print or Type Name of Authorized Representative

**3/2/20**  
Date