

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED

R.I. DEPT OF STATE

BUS SVCS DIV

2020 MAR 13 \$72.20

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$2	5.00 fee if form is no	t filed by April 1.			<u> </u>		
1. Entity ID Number		2. Exact name of the Corporation					
959424	C & G Ca	sting of RI, In	ting of RI, Inc.				
3. Principal Office Address			City		State	Zip	
PO Box 2826			Pawtucket		RI	02861	
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island					
448310	Jewelry cas	Jewelry casting and any other lawful business.					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names a	and addresses)				the box to inc	dicate an attachment 🔲	
President Name Carolyn A. Campbell			Vice-President Name Lisa K. Goozey				
Street Address 6 Friar Tuck	Street Address 33 Shippee Schoolhouse Road						
City Coventry	State RI	Zip 02816	City Foster		State RI	Zip 02825	
Secretary Name Lisa K. Goozey			Treasurer Name Carolyn A. Campbell				
Street Address 33 Shippee Schoolhouse Road			Street Address 6 Friar Tuck Lane, Unit 51				
City Foster	State RI	Zip 02825	City Coventry		State RI	<sup>Zip</sup> 02816	
8. List ALL directors (names	and addresses)			Check	the box to in	dicate an attachment 🔲	
Director Name Carolyn A. C	ampbell		Director Name	Lisa K. Goozey			
Street Address 6 Friar Tuck Lane, Unit 51			Street Address 33 Shippee Schoolhouse Road				
City Coventry	State RI	<sup>Zip</sup> 02816	City Foster		State RI	Zip 02825	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized 10. Shares I							
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASSISERIES PAR VALUE  Common No Par Value		
		200				No Par Value	
11. This report must be exe	cuted on behalf of the	corporation by an	authorized repres	sentative. If the corp	oration is in th	ne hands of a receiver or	
trustee, this report must be Under penalty of perjury,	executed on behalf of	the corporation by	the receiver or tr	ustee.	manules	hadulas and	
Under penalty of perjury, statements, and that all s				nciuding any accol	npanying sc	negules and	
Name of Authorized Repres	sentative			· -	Date	11	
Carolyn A. Campbell, Pre					$\perp$ 2	28/2020	
Signature of Authorized Re	presentative	SIGN DC	CUMENT HERE	FILED			
MAIL TO:				MAR 13 202	20		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY Ch DOJEC

FORM 630 - Revised: 10/2017