



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 4763		2. Name of Corporation Continental Coin Ltd.		
3. Street Address Principal Business Office 1212 PARK AVE		City CRANSTON	State R.I.	Zip 02910
4. Business Phone No 401-942-8431		5. State of Incorporation RHODE ISLAND		6. SIC Code 4838
7. Brief Description of the Character of Business Conducted in Rhode Island SALING COINS, JEWELRY AND ANTIQUES				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DEBRA R. ASSANTE		Vice President Name MARIO A. ASSANTE		
Street Address 9 LEGION MEMORIAL DR.		Street Address 9 LEGION MEMORIAL DR.		
City PROVIDENCE	State R.I.	Zip 02909	City PROVIDENCE	State R.I.
Secretary Name VERA M. IACAMPO		Treasurer Name DEBRA R. ASSANTE		
Street Address 44 TARTAGLIA ST.		Street Address 9 LEGION MEMORIAL DR.		
City JOHNSTON	State R.I.	Zip 02919	City PROVIDENCE	State R.I.
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DEBRA R. ASSANTE		Director Name MARIO A. ASSANTE		
Street Address 9 LEGION MEMORIAL DR.		Street Address 9 LEGION MEMORIAL DR.		
City PROVIDENCE	State R.I.	Zip 02909	City PROVIDENCE	State R.I.
Director Name VERA M. IACAMPO		Director Name		
Street Address 44 TARTAGLIA ST.		Street Address		
City JOHNSTON	State R.I.	Zip 02919	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
4,000 COMM NO PAR VALUE		NO	3,600.00	COMM.
				NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 1/10/05
Check No. 2683
By: W.
FOR SECRETARY OF STATE USE ONLY

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 Officer Debra R. Assante 1-5-05
Date
Print or Type Name of Officer
DEBRA R. ASSANTE
Title of Officer
PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1. Corporate ID No 4763		2. Name of Corporation Continental Coin Ltd.	
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4. Business Phone No 401-942-8431		5. State of Incorporation RHODE ISLAND	6. SIC Code 4838
7. Brief Description of the Character of Business Conducted in Rhode Island SALING COINS, JEWELRY AND ANTIQUES			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DEBRA R. ASSANTE		Vice President Name MARIO A. ASSANTE	
Street Address 9 LEGION MEMORIAL DR.		Street Address 9 LEGION MEMORIAL DR.	
City PROVIDENCE	State R.I.	Zip 02909	City PROVIDENCE
Secretary Name VERA M. IACAMPO		Treasurer Name DEBRA R. ASSANTE	
Street Address 1079 ATWOOD AVE.		Street Address 9 LEGION MEMORIAL DR.	
City JOHNSTON	State R.I.	Zip 02919	City PROVIDENCE
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name DEBRA R. ASSANTE		Director Name MARIO A. ASSANTE	
Street Address 9 LEGION MEMORIAL DR.		Street Address 9 LEGION MEMORIAL DR.	
City PROVIDENCE	State R.I.	Zip 02909	City PROVIDENCE
Director Name VERA M. IACAMPO		Director Name	
Street Address 1079 ATWOOD AVE.		Street Address	
City JOHNSTON	State R.I.	Zip 02919	City
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
4,000 COMM NO PAR VALUE		NO	3,600.00
			COMM,
			NO PAR
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 7 6 3 *

File Date 1-2-04
Check No. 2351
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Debra R. Assante 12-18-03
Signature of Officer Date
DEBRA R. ASSANTE
Print or Type Name of Officer
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. **4763**
2. Name of Corporation **Continental Coin Ltd.**
3. Street Address Principal Business Office
1212 PARK AVE.
4. Business Phone No. **401-942-8431**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING COIN, JEWELRY & ANTIQUE

City **CRANSTON** State **R.I.** Zip **02910**
6. SIC Code **4838**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **DEBRA R. ASSANIE**
Street Address
9 LEGION MEMORIAL DR.
City **PROVIDENCE** State **R.I.** Zip **02909**

Vice President Name **MARIO A. ASSANIE**
Street Address
9 LEGION MEMORIAL DR.
City **PROVIDENCE** State **R.I.** Zip **02909**
Treasurer Name **DEBRA R. ASSANIE**

Secretary Name **VERA M. IACAMPO**
Street Address
1079 AIWOOD AVE.
City **JOHNSON** State **R.I.** Zip **02919**

Street Address
9 LEGION MEMORIAL DR.
City **PROVIDENCE** State **R.I.** Zip **02909**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **DEBRA R. ASSANIE**
Street Address
9 LEGION MEMORIAL DR.
City **PROVIDENCE** State **R.I.** Zip **02909**

Director Name **MARIO A. ASSANIE**
Street Address
9 LEGION MEMORIAL DR.
City **PROVIDENCE** State **R.I.** Zip **02909**

Director Name **VERA M. IACAMPO**
Street Address
1079 AIWOOD AVE.
City **JOHNSON** State **R.I.** Zip **02919**

Street Address
City State Zip

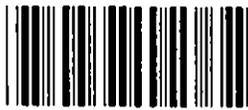
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
4,000	COMM NO PAR VALUE	NO

Number of Shares	Class/Series	Par Value
3,600	COMM.	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 7 6 3 *

File Date: 1-27-03
2082
Check No.: 2
By: _____

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.
Debra R. Assanie 1-25-2003
Signature of Officer Date
DEBRA R. ASSANIE
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **4763** 2. Name of Corporation **Continental Coin Ltd.**
3. Street Address Principal Business Office **1212 PARK AVE.** City **CRANSTON** State **R.I.** Zip **02910**
4. Business Phone No. **401-942-8431** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4838**
7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING COINS, JEWELRY & ANTIQUE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **DEBRA R. ASSANIE** Vice President Name **MARIO A. ASSANIE**
Street Address **9 LEGION MEMORIAL DR.** Street Address **9 LEGION MEMORIAL DR.**
City **PROVIDENCE** State **R.I.** Zip **02909** City **PROVIDENCE** State **R.I.** Zip **02909**
Secretary Name **VERA M. IACAMPO** Treasurer Name **DEBRA R. ASSANIE**
Street Address **1079 ATWOOD AVE.** Street Address **9 LEGION MEMORIAL DR.**
City **JOHNSTON** State **R.I.** Zip **02919** City **PROVIDENCE** State **R.I.** Zip **02909**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **DEBRA R. ASSANIE** Director Name **MARIO A. ASSANIE**
Street Address **9 LEGION MEMORIAL DR.** Street Address **9 LEGION MEMORIAL DR.**
City **PROVIDENCE** State **R.I.** Zip **02909** City **PROVIDENCE** State **R.I.** Zip **02909**
Director Name **VERA M. ASSANTE**
Street Address **1079 ATWOOD AVE.**
City **JOHNSTON** State **R.I.** Zip **02919**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) **11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
4,000 COMM NO PAR VALUE	3,600 COMM NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-28-02
Check No.: 1781
By: [Signature]

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 Officer: Debra R. Assante Date: 1-20-2002
Print or Type Name of Officer: DEBRA R. ASSANIE
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **4763** 2. Name of Corporation **Continental Coin Ltd.**

3. Street Address Principal Business Office **1212 PARK AVE.** City **CRANSTON** State **R.I.** Zip **02910**
4. Business Phone No **401-942-8431** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4838**

7. Brief Description of the Character of Business Conducted in Rhode Island
SALING COINS, JEWELRY & ANTIQUE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DEBRA R. ASSANTE Street Address 9 LEGION MEMORIAL DR. City PROVIDENCE State R.I. Zip 02909	Vice President Name MARIO A. ASSANTE Street Address 9 LEGION MEMORIAL DR. City PROVIDENCE State R.I. Zip 02909
Secretary Name VERA M. IACAMPO Street Address 1079 ATWOOD AVE. City JOHNSTON State R.I. Zip 02919	Treasurer Name DEBRA R. ASSANTE Street Address 9 LEGION MEMORIAL DR. City PROVIDENCE State R.I. Zip 02909

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name DEBRA R. ASSANTE Street Address 9 LEGION MEMORIAL DR. City PROVIDENCE State R.I. Zip 02909	Director Name MARIO A. ASSANTE Street Address 9 LEGION MEMORIAL DR. City PROVIDENCE State R.I. Zip 02909
Director Name VERA M. ASSANTE Street Address 1079 ATWOOD AVE. City JOHNSTON State R.I. Zip 02919	

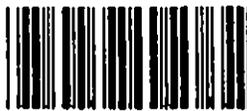
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000 SHS COMM NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	3,600-	COMM.	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 7 6 3 *

File Date: 1/26
Check No: 1496
By: De

FOR SECRETARY OF STATE USE ONLY

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.

Debra R. Assante 1-20-2001
Signature of Officer Date
DEBRA R. ASSANTE
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **4763**
2. Name of Corporation **Continental Coin Ltd.**
3. Street Address Principal Business Office
1212 PARK AVE.
4. Business Phone No. **401-942-8431**
5. State of Incorporation **RHODE ISLAND**

City **CRANSTON** State **R. I.** Zip **02910**
6. SIC Code **4838**

7. Brief Description of the Character of Business Conducted in Rhode Island

SALE OF COINS, JEWELRY & ANTIQUE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
DEBRA R ASSANTE
Street Address
9 LEGION MEMORIAL DR.
City **PROVIDENCE** State **R. I.** Zip **02909**

Vice President Name
MARIO A. ASSANTE
Street Address
9 LEGION MEMORIAL DR.
City **PROVIDENCE** State **R. I.** Zip **02909**

Secretary Name
VERA M. ASSANTE
Street Address
1079 AIWOOD AVE.
City **JOHNSTON** State **R. I.** Zip **02919**

Treasurer Name
DEBRA R. ASSANTE
Street Address
9 LEGION MEMORIAL DR.
City **PROVIDENCE** State **R. I.** Zip **02909**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
DEBRA R. ASSANTE
Street Address
9 LEGION MEMORIAL DR.
City **PROVIDENCE** State **R. I.** Zip **02909**
Director Name
VERA M. ASSANTE
Street Address
1079 AIWOOD AVE.
City **JOHNSTON** State **R. I.** Zip **02919**

Director Name
MARIO A. ASSANTE
Street Address
9 LEGION MEMORIAL DR.
City **PROVIDENCE** State **R. I.** Zip **02909**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 SHS COMM NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
3600- COMM. NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 7 6 3 *

File Date: **2/7/00**
Check No.: **1209**
By: **COA**

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 Officer **Debra R. Assante** Date **1-30-200**
Print or Type Name of Officer **DEBRA R. ASSANTE**
Title of Officer **PRESIDENT**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No **4763** 2 Name of Corporation **Continental Coin Ltd.**
3 Street Address Principal Business Office **1212 PARK AVE.** City **CRANSTON** State **R.I.** Zip **02910**
4 Business Phone No **401-942-8431** 5 State of Incorporation **RHODE ISLAND** 6 SIC Code **4838**

7 Brief Description of the Character of Business Conducted in Rhode Island
SALE OF COIN, JEWELRY + ANTIQUE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DEBRA R. ASSANTE Street Address 9 LEGION MEMORIAL DR. City State Zip PROVIDENCE R.I. 02909	Vice President Name MARIO A. ASSANTE Street Address 9 LEGION MEMORIAL DR. City State Zip PROVIDENCE R.I. 02909
Secretary Name VERA M. ASSANTE Street Address 1079 ATWOOD AVE. City State Zip JOHNSTON R.I. 02919	Treasurer Name DEBRA R. ASSANTE Street Address 9 LEGION MEMORIAL DR. City State Zip PROVIDENCE R.I. 02909

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name DEBRA R. ASSANTE Street Address 9 LEGION MEMORIAL DR. City State Zip PROVIDENCE R.I. 02909	Director Name MARIO A. ASSANTE Street Address 9 LEGION MEMORIAL DR. City State Zip PROVIDENCE R.I. 02909
Director Name VERA M. ASSANTE Street Address 1079 ATWOOD AVE. City State Zip JOHNSTON R.I. 02919	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000 SHS COMM NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	3600	COMM.	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Feb 2, 99
Check No.: 1203
By: ID

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.

Debra R. Assante 1-28-99
Signature of Officer Date
DEBRA R. ASSANTE
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **4763** 2. Name of Corporation **Continental Coin Ltd.**
3. Street Address Principal Business Office **1212 PARK AVE.** City **CRANSTON** State **R.I.** Zip **02910**
4. Business Phone No _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4838**

7. Brief Description of the Character of Business Conducted in Rhode Island
SALE COINS, JEWELRY, ANTIQUE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name DEBRA R. ASSANTE Street Address 9 LEGION MEMORIAL DR. City PROVIDENCE State R.I. Zip 02909	Vice President Name MARK CAGGIANO Street Address 19 STACY ST. City BARRINGTON State R.I. Zip 02806
Secretary Name ELVIRA M. ASSANTE Street Address 1079 ATWOOD AVE. City _____ State _____ Zip _____	Treasurer Name DEBRA R. ASSANTE Street Address 9 LEGION MEMORIAL DR. City PROVIDENCE State R.I. Zip 02909

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name DEBRA R. ASSANTE Street Address 9 LEGION MEMORIAL DR. City PROVIDENCE State R.I. Zip 02909	Director Name MARK CAGGIANO Street Address 19 STACY ST. City BARRINGTON State R.I. Zip 02806
Director Name ELVIRA M. ASSANTE Street Address 1079 ATWOOD AVE. City JOHNSTON State R.I. Zip 02919	Director Name MARIONA ASSANTE Street Address 9 LEGION MEMORIAL DR. City PROVIDENCE State R.I. Zip 02909

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000 SHS	COMM	NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	3600	NO PAR	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 7 6 3 *

File Date: 1-20-98
Check No.: 1575
By: UP
FOR SECRETARY OF STATE USE ONLY

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 Officer: Debra R. Assante Date: 1-15-1998
Print or Type Name of Officer: DEBRA R. ASSANTE
Title of Officer: PRES.



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **4763** 2. Name of Corporation **Continental Coin Ltd.**

3. Street Address Principal Business Office **1079 AIWOOD AVE.** City **JOHNSTON**, State **R.I.** Zip **02919**

4. Business Phone No. **401-942-8431** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4838**

7. Brief Description of the Character of Business Conducted in Rhode Island
SELL COINS, JEWELRY + ANTIQUE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **MARIO ASSANTE**
Street Address **9 LEGION MEMORIAL DR.**
City **PROVIDENCE** State **R.I.** Zip **02909**

Vice President Name **MARIO A. ASSANTE**
Street Address **9 LEGION MEMORIAL DR.**
City **PROVIDENCE** State **R.I.** Zip **02909**

Secretary Name **ELVIRA M. ASSANTE**
Street Address **1079 ATWOOD AVE.**
City **JOHNSTON** State **R.I.** Zip **02919**

Treasurer Name **DEBRA R. ASSANTE**
Street Address **9 LEGION MEMORIAL DR.**
City **PROVIDENCE** State **R.I.** Zip **02909**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **MARIO ASSANTE**
Street Address **9 LEGION MEMORIAL DR.**
City **PROVIDENCE** State **R.I.** Zip **02909**

Director Name **MARIO A. ASSANTE**
Street Address **9 LEGION MEMORIAL DR.**
City **PROVIDENCE** State **R.I.** Zip **02909**

Director Name **ELVIRA M. ASSANTE**
Street Address **1079 ATWOOD AVE.**
City **JOHNSTON** State **R.I.** Zip **02919**

Director Name **DEBRA R. ASSANTE**
Street Address **9 LEGION MEMORIAL DR.**
City **PROVIDENCE** State **R.I.** Zip **02909**

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 SHS COMM NO PAR VAL

ISSUED SHARES
Number of Shares Class/Series Par Value
3600 NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **1-23-1997**
Check No.: **1359**
By: **[Signature]**
FOR SECRETARY OF STATE USE ONLY

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 Officer **[Signature]** Date **1-23-97**
Print or Type Name of Officer **MARIO ASSANTE**
Title of Officer **PRES.**

**PROFIT CORPORATION
ANNUAL REPORT**

1996



STATE OF RHODE ISLAND AND PROVIDENCE TERRITORIES
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 4763		2. NAME OF CORPORATION Continental Coin Ltd.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1079 ATWOOD AVE.		CITY JOHNSTON	STATE R.I.		
4. BUSINESS PHONE NO. 942-8431		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 48384671		
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND SELL COINS, JEWELRY & ANTIQUE					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME MARIO ASSANTE		VICE PRESIDENT NAME MARIO A. ASSANTE			
STREET ADDRESS 9 LEGION MEMORIAL DR.		STREET ADDRESS 9 LEGION MEMORIAL DR.			
CITY PROVIDENCE	STATE R.I.	ZIP CODE 02909	CITY PROVIDENCE		
SECRETARY NAME ELVIRA M. ASSANTE		TREASURER NAME DEBRA R. ASSANTE			
STREET ADDRESS 1079 ATWOOD AVE.		STREET ADDRESS 9 LEGION MEMORIAL DR.			
CITY JOHNSTON	STATE R.I.	ZIP CODE 02919	CITY PROVIDENCE		
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY		
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY		
10. SHARES, AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
4,000	SHS COMM NO PAR VAL		3600	SHS COMM. NO PAR VAL	

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 3/11/96

Signature of Officer

Check No: 10

MARIO ASSANTE
Print or Type Name of Officer

By: CP
For Secretary of State Use Only

PRES.
Title of Officer

1-30-96
Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95



Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0004763 Annual Report for the year: 1995

Name of Corporation: Continental Coin Ltd.

Business entity organized under the laws of the State of: _____

Business Entity is (check one):

For foreign entity, address and telephone number of principal office: _____

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (401) 942-8431

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

SELL COINS, JEWELRY + ANTIQUE

DEBRA ASSANTE

1079 ATWOOD AVE.

JOHNSTON, R.I. 02919

Phone: (401) 942-8431

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>DEBRA R. ASSANTE</u>	<u>9 LEGION MEMORIAL DR.,</u>	<u>PROVIDENCE, R.I.</u>	<u>02909</u>
VICE PRESIDENT			
SECRETARY <u>MARIO A. ASSANTE</u>	<u>777 SO. FEDERAL HWY.,</u>	<u>POMPANO BEACH, FL.</u>	<u>33062</u>
TREASURER <u>ELVIRA M. ASSANTE</u>	<u>1079 ATWOOD AVE.,</u>	<u>JOHNSTON, R.I.</u>	<u>02919</u>
	<u>9 LEGION MEMORIAL DR.</u>	<u>PROVIDENCE, R.I.</u>	<u>02909</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME			
NAME			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares <u>4000</u> Class / Series <u>NO PAR</u>	Number of Shares _____ Class / Series _____

Date 1-20- 1995

By: Mario Assante
MARIO ASSANTE
PRINT OR TYPE NAME OF OFFICER SIGNING
TITLE OF OFFICER SIGNING TREASURER

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MARIO ASSANTE
1079 ATWOOD AVENUE
JOHNSTON RI 02919

PAID
APR 13 1995
D 808
SECRETARY OF STATE

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC Sept 1 - Nov 1
CORP Jan 1 - March 1

Corporate ID: 0004763 Annual Report for the year: 1994

Name of Business Entity: Continental Coin Ltd.

Business entity organized under the laws of the State of R.I.

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office

Phone: (401) 942-8431

Address and telephone of the principal office of business entry in Rhode Island (Provide street address - Not P.O. Box)

MARIO ASSANTE
1079 ATWOOD AVE.
JOHNSTON, R.I. 02919

Phone: (401) 942-8431

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

MARIO ASSANTE, PRES.
1079 ATWOOD AVE.
JOHNSTON, R.I. 02919

Brief statement of the character of business conducted in Rhode Island

BUY AND SELL COINS, JEWELRY
AND ANTIQUES.

Date of Organization: 12/1981

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (See 7-1.1)	<u>MARIO ASSANTE</u>	<u>9 LEGION MEMORIAL DR., PROVIDENCE, R.I.</u>	<u>02909</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (See 7-1.1)	<u>MARIO A. ASSANTE</u>	<u>1079 ATWOOD AVE., JOHNSTON, R.I.</u>	<u>02919</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (See 7-1.1)	<u>ELVIRA M. ASSANTE</u>	<u>1079 ATWOOD AVE., JOHNSTON, R.I.</u>	<u>02919</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (See 7-1.1)	<u>DEBRA R. ASSANTE</u>	<u>9 LEGION MEMORIAL DR., PROV. R.I.</u>	<u>02909</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable)

NUMBER 3600

CLASS NO PAR

SERIES COMMON STOCK

PAR VALUE OR WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR WITHOUT PAR

Date 1-20-1994

By Mario Assante

PRINT OR TYPE NAME OF OFFICER SIGNING

PRES.

TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

MARIO ASSANTE
1079 ATWOOD AVE.
JOHNSTON RI 02919

FILED
JAN 31 1994
BY AMT#29
555

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0004753 Annual Report for the year 1993

FIRST: The name of the corporation is Continental Coin Ltd

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is BUY AND SELL PRECIOUS METAL, COINS
JEWELRY AND ANTIQUES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1079 ATWOOD AVE., JOHNSTON, R.I. 02919

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>/</u>	Director	<u>/</u>
<u>/</u>	Director	<u>/</u>
<u>/</u>	Director	<u>/</u>
<u>MARIO ASSANTE</u>	President	<u>9 LEGION MEMORIAL DR., PROV., R.I. 0290</u>
<u>MARIO A. ASSANTE</u>	Vice President	<u>9 LEGION MEMORIAL DR., PROV., R.I. 0290</u>
<u>ELVIRA M. IACAMPO</u>	Secretary	<u>1079 ATWOOD AVE., JOHNSTON, R.I. 02919</u>
<u>DEBRA R. ASSANTE</u>	Treasurer	<u>9 LEGION MEMORIAL DR., PROV., R.I. 0290</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>	<u>- A "</u>	<u>PAID NO PAR</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>	<u>- A "</u>	<u>NO PAR</u>

Dated 1-22- 1993

CONTINENTAL COIN LTD.
(Name of Corporation)

By Mario Assante

Title PRES.

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0004763 Annual Report for the year 1992

FIRST: The name of the corporation is Continental Coin Ltd.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is BY AND SELL PRECIOUS METAL,
COINS, JEWELRY AND ANTIQUE -

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1079 ATWOOD AVE., JOHNSTON, R.I. 02919

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>MARIO ASSANTE</u>	President	<u>9 LEGION MEMORIAL DR., PROV., R.I.</u>
<u>MARIO A. ASSANTE</u>	Vice President	<u>9 LEGION MEMORIAL DR., PROV., R.I.</u>
<u>ELVIRA M. IACAMPO</u>	Secretary	<u>1079 ATWOOD AVE., JOHNSTON, R.I.</u>
<u>DEBRA R. ASSANTE</u>	Treasurer	<u>9 LEGION MEMORIAL DR., PROV., R.I.</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>	<u>-A"</u>	<u>NO PAR</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>	<u>-A"</u>	<u>NO PAR</u>

Dated 1-25- 1992

CONTINENTAL COIN LTD.
(Name of Corporation)

By Mario Assante

Title Pres

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0004763..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....Continental Coin Ltd.....

SECOND: It is incorporated under the laws of.....R.I.....

THIRD: Character of business, briefly stated, is.....BUYING AND SELLING COINS, STAMPS,
PRECIOUS METALS, JEWELRY AND ANTIQUES -

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....1079 ATWOOD AVE, JOHNSTON R.I. 029

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

..... Director
..... Director
..... Director

MARIO ASSANTE President 9 LEGION MEMORIAL DR., PROV., R.I. 02909
MARIO A. ASSANTE Vice President 777 So. FEDERAL HWY, SOMERBEACH, FL. 33
ELVIRA M. ASSANTE Secretary 1079 ATWOOD AVE., JOHNSTON, R.I. 02919
DEBRA R. ASSANTE Treasurer 9 LEGION MEMORIAL DR., PROV., R.I. 02909

SEVENTH: Number of Shares authorized:

No. of Shares Class Series Par Value or statement that shares are without par value
600 COMMON PAID NO PAR JAN 20 1991

EIGHTH: Number of Shares issued:

No. of Shares Class Series Par Value or statement that shares are without par value
600 COMMON NO PAR

Dated.....JAN. 20-..... 1991.....

CONTINENTAL COIN LTD.
(Name of Corporation)

By.....*Mario Assante*.....

Title.....PRES.....

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1990

4763

FIRST: The name of the corporation is CONTINENTAL COIN LTD.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is BUY AND SELL ANTIQUE
AND PRECIOUS METAL

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1079 ATWOOD AVE., JOHNSTON, R.I. 02909

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
MARIO ASSANTE	President	9 LEGION MEMORIAL DR. PROV., R.I.
MARIO A. ASSANTE	Vice President	777 S. FEDERAL HWY, POMPANOBEE, FL
ELVIRA M. ASSANTE	Secretary	1079 ATWOOD AVE. JOHNSTON, R.I.
DEBRA R. ASSANTE	Treasurer	9 LEGION MEMORIAL DR. PROV., R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON	A	NO PAR

PAID
JAN 19 1990
STATE OF RHODE ISLAND

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON	A	NO PAR

Dated: JAN. 10 - 1990

CONTINENTAL COIN LTD.
(Name of Corporation)

By *Mario Assante*
Title PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

State of Rhode Island and Providence Plantations

eds

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0004753 Annual Report for the year 1989

FIRST: The name of the corporation is Continental Coin Ltd

SECOND: It is incorporated under the laws of RHODE ISLAND - NOV 2, 1981

THIRD: Character of business, briefly stated, is BUY & SELL PRECIOUS METALS, COINS, JEWELRY AND ANTIQUES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1079 ATWOOD AVENUE
JOHNSTON, RHODE ISLAND

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
MARIO ASSANTE	President	9 LEGION MEMORIAL DR., PROV. R.I.
MARIO A. ASSANTE	Vice President	9 LEGION MEMORIAL DR. PROV. R.I.
ELVIRA ASSANTE	Secretary	1079 ATWOOD AVE, JOHNSTON, R.I.
MARIO ASSANTE	Treasurer	9 LEGION MEMORIAL DR., PROV. R.I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON	- A "	NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON	- A FEB 9 1989	NO PAR

PAID

OFFICE OF STATE

Dated Jan 30 1989

CONTINENTAL COIN LTD.
(Name of Corporation)

By Mario Assante
Title PRES.

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID **X 4763** Annual Report for the year **1988**

FIRST: The name of the corporation is **CONTINENTAL COIN LTD.**

SECOND: It is incorporated under the laws of **R. I.**

THIRD: Character of business, briefly stated, is **BY AND SALE COINS,
JEWELRY, ANTIQUES -**

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island **1079 ATWOOD AVE.
JOHNSTON, R. I. 02919**

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MARIO ASSANTE	Director	9 LEGION MEMORIAL DR. PROV.
"	Director	" " " "
"	Director	" " " "
"	President	" " " "
MARIO A. ASSANTE	Vice President	1079 ATWOOD AVE. JOHNSTON, R.
ELVIRA M. ASSANTE	Secretary	" " " "
MARIO ASSANTE	Treasurer	9 LEGION MEMORIAL DR. PROV. R.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	NO PAR		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated **2-4-** 19 **88**

Muba REALTY INC.
(Name of Corporation)
By **Mario Assante**
Title **PRES.**

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

#4763

Corporate ID ~~CONTINENTAL COIN LTD.~~ Annual Report for the year 1987

FIRST: The name of the corporation is CONTINENTAL COIN LTD.
1079 ATWOOD AVE., JOHNSTON, R.I. 02919

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is BUY & SELL ANTIQUES,
STAMP, COIN, GOLD & SILVER -

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1079 ATWOOD AVE., JOHNSTON
R.I., 02919 -

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MARIO ASSANTE	Director	9 LEGION MEM. DR. PROV., R.I.
	Director	
	Director	
MARIO ASSANTE	President	9 LEGION MEM. DR. PROV., R.I.
MARIO A. ASSANTE	Vice President	9 LEGION MEM. DR. PROV., R.I.
ELVIRA M. ASSANTE	Secretary	1079 ATWOOD AVE., JOHNSTON, R.I.
MARIO A. ASSANTE	Treasurer	9 LEGION MEM. DR. PROV., R.I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	NO PAR		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
FEB 16 1987
SECY OF STATE

Par Value or statement that shares are without par value
MAY 12 1987

Dated FEB. 10 - 1987 CONTINENTAL COIN LTD.
(Name of Corporation)

By Mario Assante

Title PRESIDENT

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1986

FIRST: ID# 4763 The name of the corporation is CONTINENTAL COIN LTD

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is BUY AND SELL ANTIQUE AND PRECIOUS METAL

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1079 ATWOOD AVE., JOHNSTON, R.I. 02919

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
<u>MARIO ASSANTE</u>	President	<u>9 LEGION MEMORIAL DR. PROV., R.I.</u>
<u>MARIO A. ASSANTE</u>	Vice President	<u>1079 ATWOOD AVE, JOHNSTON, R.I</u>
<u>ELVIRA M. ASSANTE</u>	Secretary	<u>1079 ATWOOD AVE. JOHNSTON, R.I.</u>
<u>MARIO ASSANTE</u>	Treasurer	<u>9 LEGION MEMORIAL DR. PROV., R.I</u>

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>	<u>A</u>	<u>NO PAR</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>	<u>A</u>	<u>NO PAR</u>

Dated: 1-22- 1986

CONTINENTAL COIN LTD.
(Name of Corporation)

By Mario Assante

Title PRES.

(Report must be signed by an officer)

MAR 15 REC'D
[Signature]

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee. \$15.00

To be filed annually between January 1st and March 1st



State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

4763

Annual Report for the year 1985

FIRST: The name of the corporation is *CONTINENTAL COIN LTD.*

SECOND: It is incorporated under the laws of *R. I.*

THIRD: Character of business, briefly stated, is *BUY AND SELL COINS STAMPS ANTIQUES GOLD AND SILVER*

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1079 ATWOOD AVE. JOHNSTON, R. I. 02919

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
<i>MARIO ASSANTE</i>	President	<i>9 LEGION MEMORIAL DR. PROV. R</i>
<i>MARIO A. ASSANTE</i>	Vice President	" " "
<i>ELVIRA M. ASSANTE</i>	Secretary	" " "
<i>MARIO ASSANTE</i>	Treasurer	" " "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<i>600</i>		<i>NO PAR</i>	

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated: *4-10-1985* *CONTINENTAL COIN LTD.*
(Name of Corporation)

04/29/85 PAID

*re-entred
AU*

By *Mario Assante*
Title *PRES.*

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

4763
✓

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is

CONTINENTAL COIN LTD.

SECOND: It is incorporated under the laws of

R.I.

THIRD: Character of business, briefly stated, is

SELLING COINS,
ANTIQUES & JEWELRY -

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1079 ATWOOD AVE., JOHNSTON, R.I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	

MARIO ASSANTE	President	9 LEGION MEMORIAL DR. PROV.
MARIO A. ASSANTE	Vice President	1079 ATWOOD AVE. JOHNSTON
ELVIRA M. ASSANTE	Secretary	9 LEGION MEMORIAL DR. PROV.
MARIO ASSANTE	Treasurer	9 LEGION MEMORIAL DR. PROV.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
600	NO PAR	

Par Value
or statement that
shares are without
par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series

Par Value
or statement that
shares are without
par value

Dated: 11-15-1984

CONTINENTAL COIN LTD
(Name of Corporation)

NOV 27 1984
VF

By

Title

Mario Assante
PRES.

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is CONTINENTAL
COIN LTD.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is BUY, SELL, APPRAISE
COINS, STAMPS, PRECIOUS METALS, OBJET D'ART

FOURTH: If foreign corporation, address of its principal office
NOT FOREIGN CORP.

FIFTH: Business address in Rhode Island (blank reports will be mailed to this
address) 1079 ATWOOD AVE, JOHNSTON, RI 02919

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
MARIO ASSANTE	President	9 LEGION MEM. DR. PROVIDENCE
MARIO A. ASSANTE	Vice President	1079 ATWOOD AVE, JOHNSTON
ELVIRA R. ASSANTE	Secretary	ELVIRA 9 LEGION MEM. DR. PROV.
MARIO ASSANTE	Treasurer	9 LEGION MEM. DR. PROV., RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
- 600 -	COMMON	-	NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
- 600 -	COMMON	7	NO PAR

JUL 12 1983
[Signature]

Dated: July 7, 1983

CONTINENTAL COIN LTD.
(Name of Corporation)
Mario Assante
PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year *1982*

FIRST: The name of the corporation is *CONTINENTAL COIN LTD*

SECOND: It is incorporated under the laws of *R.I.*

THIRD: Character of business, briefly stated, is *PURCHASE & SALE OF
ANTIQUE ALSO COINS & STAMPS*

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this
address) *1079 ATWOOD AVE., JOHNSTON, R.I. 02919*

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
<i>MARIO ASSANTE, SR</i>	President	<i>9 LEGION MEMORIAL DR. PROV. R.I.</i>
<i>MARIO A. ASSANTE JR</i>	Vice President	<i>1079 ATWOOD AVE. JOHNSTON, R.I.</i>
<i>ELVIRA ASSANTE</i>	Secretary	<i>9 LEGION MEMORIAL DR., PROV. R.I.</i>
<i>MARIO ASSANTE SR</i>	Treasurer	<i>9 LEGION MEMORIAL DR. PROV. R.I.</i>

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<i>600</i>	<i>NO PAR</i>	<i>-</i>	<i>-</i>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<i>600</i>	<i>NO PAR</i>	<i>-</i>	<i>-</i>

Dated: *11-6-* 19 *82*

11
10
82

NOV 11 1982

CONTINENTAL COIN LTD.
(Name of Corporation)

Mario Assante
Title *PRES.*

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information. 277-3040