RI SOS Filing	Number: 202190150660	Date: 2/4/2021 4:00:00 PM	И		
State of Rhode Island  Department of State	te - Business Services Di	vision	FILED		
Annual Report for the yea Corporation  → Filing period: January 1 - Mi  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fe	arch 1	<b>/</b>	FEB 0 4 2021		
1. Entity ID Number 115780	2. Exact name of the Corporation SUYDAM DIEP	ENBROCK & Co.	, Inc.		
3. Principal Office Address 32 HAI	MILTON AVE	JAMESTOWN-	State Zip OZ835		
NAICS Code 337212	6. Brief description of the character of business conducted in Rhode Island  DESIGN + MANUSTAINE OF ONE OF A KIND				
5. State of Incorporation	Jewelry Furnishings + sulpture for wholeste + retail				
7. List ALL officers (names and add	resses)	Check th	e box to indicate an attachment		
PETER M. DIEPENBIZOCK		Vice-President Name  GERTRUDE SUYDAM			
Street Address 32 Hamilton	¥	Street Address 32 HAMILTON Ave			
thme stown	State Zip OZ835	CITAMESTOWN	State Zip DZ835		
Secretary Name		Treasurer Name			
Street Address		Street Address			

7. List ALL officers (names and	addresses)			Check the box to indic	cate an attachment	
PETER M. DIEPENBIZOCK			Vice-President Name  GERTRUDE SUYDAM			
Street Address 37 HM milton Ave			Street Address 32 HAMILTON Ave			
CHY TAMESTOWN	State	02835	CITAMESTOW	State CT	DZ835	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names an	d addresses)	I		Check the box to indi	cate an attachment	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name	<u> </u>		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized 10. Shares Issu		ed Check the box to indicate an attachment				
This information is currently of record in the Department of State.			ER OF SHARES CLASS/SERIES PAR VALUE			
		1000			0	
Changes require an additional file	ling.					
11. This report must be execute	ed on behalf of th	e corporation by an au	uthorized representative. If t	the corporation is in the	hands of a receiver or	
trustee, this report must be exe				·		
Under penalty of perjury, I de	clare and affirm	that I have examine	d this report, including an	y accompanying sch	edules and	
statements, and that all state		<u>d herein are true and</u>	l correct.			
Name of Authorized Represent	ative			Date	1	
PETER	DIEPE	NBROCK	<u> </u>	1/28	[2]	
Signature of Authorized Repres	sentative/	NBROCK Soul				
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MAIL TO.

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.n.gov