State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
FEB 10 2021
BY 46722
STAMP

1. Entity ID Number	2. Exact name of the Corporation			
31725	Peter D. Pritsker, Inc.			
3. Principal Office Address		City	State	Zip
65 Hillside Road		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
448310	Retail jewelry store			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Peter D. Pritsker			Vice-President Name:		
Street Address: 65 Hillside Road			Street Address:		
City: Cranston	State: RI	Zip: 02920	City:	State:	Zip:
Secretary Name: Marcia S. Pritsker			Treasurer Name: Peter D. Pritsker		
Street Address: 65 Hillside Road			Street Address: 65 Hillside Road		
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 ☐

Director Name: Peter D. Pritsker			Director Name: Marcia S. Pritsker		
Street Address: 65 Hillside Road			Street Address: 65 Hillside Road		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common/A	No Par
900	Common/B	No Par

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	Date
Peter D. Pritsker, President	1/31/21

Signature of Authorized Representative: Peter D. Pritsker

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov