



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 23 2021

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1. Entity ID Number 1660182		2. Exact name of the Corporation C & E Enterprises, Inc.					
3. Principal Office Address 125 Sockanossett Cross Road			City Cranston	State RI	Zip 02910		
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island The Manufacturing of Costume Jewelry					
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐							
President Name Gary Arriaza			Vice-President Name Gary Arriaza				
Street Address 32 Lincoln Drive			Street Address 32 Lincoln Drive				
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919		
Secretary Name Gary Arriaza			Treasurer Name Gary Arriaza				
Street Address 32 Lincoln Drive			Street Address 32 Lincoln Drive				
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919		
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐							
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐				
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			NONE		COMMON	NO PAR VALUE	
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 Gary Arriaza, President					Date 2/17/21		
Signature of Authorized Representative Gary Arriaza							

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020