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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 FEB 25 P 4:01

1. Entity ID Number	2. Exact name of the Corporation
21545	R.J. PRATT COMPANY, INC

3. Principal Office Address	City	State	Zip
50 Abbott Run Valley Rd, Unit 1601, P.O. Box 7366	Cumberland	RI	02864

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
315990	Jewelry manufacturing
5. State of Incorporation: Rhode Island	

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

President Name: Janet L. Pratt			Vice-President Name:		
Street Address: 55 Breakneck Hill Road			Street Address:		
City: Southport	State: Maine	Zip: 04576	City:	State:	Zip:
Secretary Name: Robert L. Simmons			Treasurer Name: Janet L. Pratt		
Street Address: 50 Abbott Run Valley Rd., Unit 1601, P.O. Box 7366			Street Address: 55 Breakneck Hill Road		
City: Cumberland	State: RI	Zip: 02864	City: Southport	State: Maine	Zip: 04576

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

Director Name: Janet L. Pratt			Director Name:		
Street Address: 55 Breakneck Hill Road			Street Address:		
City: Southport	State: Maine	Zip: 04576	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	*400*	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	Date
Janet L. Pratt, President	2-10-21

Signature of Authorized Representative: Janet L. Pratt

FILED

FEB 26 2021

8491

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020