



State of Rhode Island

Department of State - Business Services Division

FILED

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.

MAR 01 2021
BY

1. Entity ID Number 111243		2. Exact name of the Corporation THE PROVIDENCE MINT, INC.										
3. Principal Office Address 1205 Westminster Street			City Providence	State RI	Zip 02909							
4. NAICS Code 339999	6. Brief description of the character of business conducted in Rhode Island Hub and die cutting, jewelry manufacturing, tool and die related lines											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>							
President Name Ronald J. Medeiros			Vice-President Name Anthony DiMeo, Jr.									
Street Address 1205 Westminster Street			Street Address 561 Hartford Pike									
City Providence	State RI	Zip 02909	City N. Scituate	State RI	Zip 02857							
Secretary Name Ronald J. Medeiros			Treasurer Name Ronald J. Medeiros									
Street Address 1205 Westminster Street			Street Address 1205 Westminster Street									
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909							
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Ronald J. Medeiros			Director Name									
Street Address 1205 Westminster Street			Street Address									
City Providence	State RI	Zip 02909	City	State	Zip							
Director Name			Director Name									
Street Address			Street Address									
City	State	Zip	City	State	Zip							
9. Shares Authorized		10. Shares Issued										
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value	
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200	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 Ronald J. Medeiros, President					Date 2-12-2021							
Signature of Authorized Representative 												

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