



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
 Corporation _____

JUN 07 2021

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

BY 9083 DS

1. Entity ID Number 001709035		2. Exact name of the Corporation OVO GOLD, INC.			
3. Principal Office Address 1999 Plainfield Pike			City Johnston	State RI	Zip 02919
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island Purchase and Sales of Precious Medals			
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 Robert S. Walason			Vice-President Name Robert S. Walason		
Street Address 110 Boylston Drive			Street Address 110 Boylston Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02919
Secretary Name Robert S. Walason			Treasurer Name Robert S. Walason		
Street Address 110 Boylston Avenue			Street Address 110 Boylston Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		COMMON	
				PAR VALUE	
				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 6/1/21
Signature of Authorized Representative					