



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
Corporation

- Filing period:
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2021 DEC 28 12:52:05

1. Entry ID Number <b>87250</b>		2. Exact name of the Corporation <b>PROVIDENCE PAWNBROKERS INC</b>			
3. Principal Office Address <b>1403-1405 BROAD ST.</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02905</b>
4. NAICS Code <b>453991</b>		6. Brief description of the character of business conducted in Rhode Island <b>PAWNSTOP - 2nd HAND STORE</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MERCEDES LOPEZ</b>			Vice-President Name <b>SAME</b>		
Street Address <b>846 DIVISION ST</b>			Street Address		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SAME</b>			Director Name <b>SAME</b>		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>		<b>0</b>
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. <b>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.</b>					
Name of Authorized Representative <b>MERCEDES LOPEZ</b>				Date <b>12-28-21</b>	
Signature of Authorized Representative <i>M Mercedes Lopez</i>					

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