



RI SOS Filing Number: 202211081010 Date: 2/16/2022 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

STAMP

FOR
SECRETARY OF STATE
USE ONLYAnnual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001716917		2. Exact name of the Corporation Accent Plating Company			
3. Principal Office Address 25 Esten Ave			City Pawtucket	State RI	Zip 02860
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island Jewelry plating			
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 Gilberto Arteaga			Vice-President Name		
Street Address 25 Esten Ave			Street Address 25 Esten Ave		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Gilberto Arteaga			Treasurer Name Gilberto Arteaga		
Street Address 25 Esten Ave			Street Address 25 Esten Ave		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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		
			PAR VALUE		
			1,000 common shares with 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 Gilberto Arteaga				Date 2-8-22	
Signature of Authorized Representative [Signature]					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FEB 16 2022

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FORM 630 - Revised: 11/2021