



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ 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  
2023 APR 26 PM 1:23

1. Entity ID Number <b>000033718</b>		2. Exact name of the Corporation <b>SNOW &amp; STARS CORPORATION</b>			
3. Principal Office Address <b>18 DELAINE STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>315990</b>		6. Brief description of the character of business conducted in Rhode Island <b>IMPORTER, EXPORTER AND DISTRIBUTOR OF COSTUME JEWELRIES, CHAINS, AND FINDINGS.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>HIDEKAZU YAMAMOTO</b>			Vice-President Name		
Street Address <b>14 FOXWOOD DR.</b>			Street Address		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</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)					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			
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"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		6000		CWP	
				\$100.00	
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 <b>HIDEKAZU YAMAMOTO</b>					Date <b>4/25/23</b>
Signature of Authorized Representative 					

FILED

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 26 2023

BY: KGZ8AP

FORM 630 - Revised: 2/2023