



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

1. Entity ID Number 000115780		2. Exact name of the Corporation Suydam Diepenbrock & Co., Inc		2023 DEC 26 P 2:30										
3. Principal Office Address 32 Hamilton Avenue			City Jamestown	State RI	Zip 02835									
4. NAICS Code 711510	6. Brief description of the character of business conducted in Rhode Island Hand made manufacture of art + jewelry for retail sales													
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: Peter Diepenbrock			Vice-President Name: Gertrude G. Suydam											
Street Address: 32 Hamilton Avenue			Street Address: 32 Hamilton Avenue											
City: Jamestown	State: RI	Zip: 02835	City: Jamestown	State: RI	Zip: 02835									
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: NONE			Director Name: NONE											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASSIFIED</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASSIFIED	PAR VALUE	NONE		0			
NUMBER OF SHARES	CLASSIFIED	PAR VALUE												
NONE		0												
Changes require an additional filing.														
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 Gertrude G. Suydam				Date 12/26/23										
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

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BY EW42C
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FORM 630 Revised 04/2023