RI SOS Filing Number: 202443916670 Date: 1/9/2024 4:00:00 PM

State of Rhode Isla				FILE	.D	JAN C'O	
Department of S Annual Report for the year:		- 1	Division	JAN 09	_	STAÑE	
Corporation	<u>~~~~</u>			2714 (1.8)	2024	SECRETARY OF IXII	
Filing period: February 1 - May 1 Filing Fee: \$50.00							
Penalty: Additional \$25.00	O fee if form is no	ot filed by May 31.				~	
Entity ID Number 2 Exact name of the Corporation							
20565 POLISHERS & JEWELERS SUPPLY CORPORATION							
3 Principal Office Address 662 ATWELLS AVE			City	UDENOE	State	Zıp	
4 NAICS Code	G Drugt dagge	intion of the observat		IDENCE	RI	02909	
423840		6 Brief description of the character of business conducted in Rhode Island					
State of Incorporation	- DISTRIBI	DISTRIBUTOR OF JEWELRY MANUFACTURING TOOLS.					
RI							
7. List ALL officers (names and a	ddresses)						
President Naine ROBERT LISCIO			Vice-Presi	Vice-President Name			
Street Address PO BOX 3448			Street Add	Street Address			
	Clala	Zip	City		State	[Z ₁ p	
PROVIDENCE	RI	02909	J.,				
Secretary Name			Treasurer Name				
Street Address			Street Add	Street Address			
City	State	Z _I p	City		State	Zip	
8 List ALL directors (names and Director Name	addresses)		Director Na		box to indic	ate an attachment	
Shows Address							
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Na	Director Name			
Street Address			Charat Add	Street Address			
			Street Address				
City	State	Zip	City		State	Δip	
9. Shares Authorized		10. Shares Issu		Check the	box to indi	cate an attachment	
This information is currently of record in the Department of State.		NUMBER 01 100	SHARES	CLASS/SERIES PAR VALUE			
Changes require an additional filin	ıq.	100		COMMON		No par value	
 This report must be executed ceiver or trustee, this report must 	on behalf of the	corporation by an a	uthorized rep	presentative. If the corp	poration is i	n the hands of a re-	
Under penalty of perjury, I dec	lare and affirm ti	hat I have examine	d this repor	t, including any acco	ompanying	schedules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Robert Liscio				01/04/24			
Signature of Authorized Represe	ntative .	· · · · · · · · · · · · · · · · · · ·					
Robert his	clo						
MAIL TO:							

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ni.gov